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Original Communications.

A MEDICAL POT-POURRI.

BY CHARLES WHELAN, M.D.,

BIRMINGHAM, ALA.

Read before the Jefferson County Medical Society at its regular monthly meeting, Nov. 26, 1894.

AT the urgent request of our honored President that I should prepare a paper of some kind for the Society, I have reluctantly consented to do so. I say *reluctantly*, not from any captious disposition of feeling or mind, but from a fixed opinion that I could present no new ideas of interest. Besides, I was quite confident that every disease "to which flesh is heir," from "filaria sanguinis hominis" to "beri-beri" had been critically discussed in these halls.

What subject to select, what name to give my paper, what latitude of thought to indulge, in the presence of this body of learned doctors, were problems indeed! But I hope you will pardon me, and, perhaps, concur that it should have been styled "A Medical Pot-pourri."

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In digressing from the regular order of the medical essayist who writes on diseases, as technically discussed in *books* and *medical journals*, I shall give free vent to my thoughts as they evolve themselves. I have now *mounted* my "Pegasus," and will fly about striking at all things unseemly to me, whether in medicine, surgery or ethics. I beg you, however, as I fly o'er the dizzy heights of Mt. Helicon, and come *down* with my *hoof*, that I may open up a *fountain* of *pleasantry* and not of *wrath*. If I should, in my flight, at some-time open up a modern Pandora's box, filled with all sorts of medical evils, and expose them to gaze, I shall not be *content* to *leave only Hope* at the bottom. Pardon these trite classical allusions. But what matters it, if my comments be *just*, or my paper "points a moral or adorns a tale?"

With the advance of science, the "practice of medicine" has, *pari passu*, achieved its own place, and deserves no longer to be classed with the trade of the mere empiric. The "malarial margins, the purpuræmias," the mysterious causes of diphtheria, typhoid and malarial fevers; and, indeed, that vast cohort of diseases brooding o'er the land, have now, in the lights of bacteria logic science, been reduced to intelligible classification and prophylaxis.

Retrospect only a few years, or even to-day, and read the deductions of our older brethren! How startling their theories! How blessed the microscope in exposing their errors! What a boon to the younger members, as well as to the older, if all will alike accept its teachings and profit thereby. In the very near future, by

such diagnostic methods as it furnishes, I foresee the correct solution of almost every disease. Doctors, old and young, may then easily harmonize their difficulties and differences; there will be a balm for all petty jealousies and bickerings, the offspring of ignorance, jealousy and vanity of opinion. We shall have a veritable medical millenium!

Prick but a drop of blood from your ear, submit to the microscope, and all doubts as to malarial poison are at once settled. Detach from the throat of any child even an infinitesimal part of a membrane, submit it to the microscope, and no longer have you reason for cavil. I might, indeed, truthfully say the same of every disease we encounter in this city, thanks to Koch, Sternberg, Eberth, Loeffler and other investigators!

Recur, if you please, to the unprofitable and fruitless wranglings in this society, now hardly two years ago, for the differential diagnosis of typhoid and malarial diseases. How easy the problem to-day under the lights of advanced scientific medicine! But I would not criminate for the want of such technical knowledge yesterday, nor will I *excuse* that man of *to-day*, who relies upon his past experience, or who adopts for his motto "*addictus nullius magistri verba jurare*," rejecting for his own observations the words of Koch, Sternberg and other authorities. Bow your heads in all reverence to true science, however much it may humble you!

While it is true that all men are not expert microscopists, while their knowledge of bacteriologic science is *small*, none the less are they responsible to the com-

munity and to their profession. With an institution of learning hardly a block away, with professors skilled in microscopic and bacteriologic research, *you* who cannot recognize the pathogenic germs of disease, I earnestly beseech you to wend your foot-steps to *yon* temple of learning. No longer do we dwell in the dark ages of medicine, when charms and amulets were invoked, when faith cures are falsely interpreted, when the mere thrusting out of a tongue, a grunt and a prescription blank satisfies the scientific doctor. All hail to that little piece of mechanism—the magical microscope—for leading us out of Egyptian darkness into the sunlight of truth! What honors are due, how great the homage we should pay a DaCosta, a Vieroot, a Von Yak, a Janeway, of New York, for constructing a system of medical diagnosis, based upon its revelations, we are enabled to fathom all the organs, to explore every cavity of the body!

But to the surgical art none the less are we indebted for her grand triumphs! Not a day dawns or passes but we witness her marvelous achievements. In the innermost chambers of her brain she rekindles the vital spark, apparently stricken out *forever*. Prometheus like, she can steal from heaven to animate man. She unlocks the hidden secrets of the abdomen; but recently an unexplored and forbidden region, even to the *surgical athlete*. Her search lights illumine every part of the human frame, and bring it into subjection to her laws, thanks to a Wyeth, a McBurney, a Bull! While all this is true, is she not often put to the blush by members of her craft, derided by laymen and women,

for the boldness, and, I might add, the rashness of operators? Exploratory procedures are, in *given* cases, necessary for *surgical* diagnosis. *Never*, I hold, until medical *diagnosis* has failed. But when death ensues and a diagnosis fails, what may I not ask to be the measure of responsibility of the operator? Then truthfully may it be said that the knife is the *opprobrium* of surgery! I am clear in the opinion, that too many grave surgical operations are made by the young surgeon of the day without proper counsel. The sooner a *halt* is *called* by the "old fogey," so-styled Doctor, the greater will be the good of humanity and the reputation of the art and science of surgery. Ask his counsel, seek the practicing physician, weigh his words in all things, *provided* he has been a *student* and qualified himself. If asepsis and antiseptics alone comprehend the surgical art, then it would be a simple piece of mechanics. Who of us cannot cut in a straight line from umbilicus to pubes? What "old fogey doctor" here to-night cannot eviscerate approximate every tissue from within out incised by his Damascus blade? But, my young brother, my middle aged brother, my gray bearded, hoary headed, old fogey brother, much more is required. That genius, the grandest master of them all, defined the surgeon not in such terms. Bags reeking with foul odors, *tool chests literally* bristling with instruments, the tiny "black and tan," the "bull dog" artery forceps, sleeping side by side; mallets and chisels, the gimlet, brace and bit, the most approved trephine, bone pliers with strength of jaw to clear out a forest of black jacks, knife to disjoin an

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ox, do not *make* the *surgeon*. Nor do pots of hot water, solutions of permanganate, oxalic and bi-chloride! All may be necessary adjuncts, but *something* more! He should possess the eagle eye, the lion heart, the lady's hand!! in less rhetorical language, large experience in operating, diagnostic sense, profound knowledge of surgical anatomy and pathology, skill, *least* but *last* with *knife*. Here again I emphasize the necessity and importance for the presence of "old pill bags" at all surgical operations, *even before operative interference* is discussed. It is needless to say how great responsibility rests upon the operator in certain departments of surgery. Has he a conscientious conception of his work? Does he appreciate how abdominal and brain surgery are, beyond all other problems, peculiar to this field of labor? How the comprehension and application of every principle of surgery, even to its minutest details depends the issue of his case—the life of an individual?

Pardon me if, in passing, I inject the cautious interrogatories, without malice to any one, with no disposition to wound. I simply ask for more consideration from our younger brethren, and a higher regard for "old pill bags." Not that sort of conservatism which permits bags of pus to remain weeks and months in the pelvis while some tinkering gynecologist douches, paints and poultices. I offer the plea in behalf of "old pill bags," and emphasize his relative position to surgery by reason of his general knowledge of medicine.

I again reverse the order of affairs as I sometimes observe them here—the *medical diagnostician first*,

the *surgeon second* in all *civil* practice. Why exclude from consultation names, such as I quote in an earlier part of this paper, forsooth, because they are not surgeons, as the people would *understand* and as *impressions* are made?

"I would further emphasize the fact that the pride of science is humble when compared with the pride of ignorance," or better expressed in the language of Herbert Spencer, if any one would learn how little faith is to be placed in human judgments, and how much in the pre-established arrangement of things, let him compare the rashness of the inexperienced physician with the caution of the most advanced; or let him dip into Sir John Forbes' work, on Nature and Art in the Cure of Disease, and he will then see that in proportion as men gain a greater knowledge of the laws of life, they come to have less confidence in themselves, and more in Nature. It is a physical law, says the writer quoted, that there is an antagonism between growth and development. By growth is to be understood increase of size; by development, increase of structure. And the law is that great activity in either of these processes involves retardation or arrest of the other. How often do we see this law manifest in precocious children, youths, and even doctors, who, up to a certain time, were carrying all before them, so often stop short and disappoint the high hopes of parents and friends? How happens it that the offices of the surgeon are, in communities, often called in advance of the practitioner? Is it to be explained on the ground that the doctor does not equip himself with the necessary

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knowledge? How often we hear the surgeon *extolled* and the practitioner *derided*! Is the solution in the ignorance of the one or the jealousy of the other? Is it not an indisputable fact that no man can qualify himself as a surgeon, in the proper sense of that term, except by previous and long experience as a practitioner of medicine? I pause for a reply. I then charge you "old doctors" with a greater responsibility if the cause lie at your feet. Dogmatism (experience so-called), must yield to the teachings of advanced scientific medicine. *Opinions merely* of etiological factors in disease and its treatment, are "as sounding brass and tinkling cymbal" if *untried* in the crucible of truth—science. But I am not *too well assured* that the older brother is largely responsible for not compelling the respect of his younger brothers, even in *cases* demanding operative surgery. I have positive convictions that he is censurable for the falsity of opinions entertained by the people on many diseases. In his failure to educate them properly in the prevailing types, much of the opprobrium heaped upon doctors young and old results. I could enumerate occurrences in this city substantiating what I say. I need only to refer to instances where signals of red and yellow flags indicating danger, advised by one doctor, have been *ruthlessly torn down* by a second. If the community were benefitted locally or at large by such ethical violations, or if it redounded to the welfare of the patient himself, it might be excusable. But, alas! such lofty sentiment, so great respect for the health functions of the city, are not always involved. Oftener, the personal interest, or the triumph

of one brother over another in the great struggle for existence.

And yet, you have a written code of ethics, so plain in language that he that "runneth may read and understand." What may not be said of a class infesting almost every city who *drum* the practice, smell the bottles of their brothers, and find lurking within the deadly cause of their ailments!

That brother who is richly remunerated for the fee he charges, even though it be one-third or one-half of another class—the cheap doctor, who, in less than the twinkling of an eye, can penetrate the cause of all diseases—for him proud science reveals her secrets in vain. Koch, Loeffler and all of them are merely *book learned* votaries without clinical ability or experience! Shall I believe that he, like Minerva, was begotten of the brain of Jupiter, or stricken from the loins of Æsculapius? But I rejoice that we have none such that I know professionally in Birmingham. If there be *one* let his tombstone bear the inscription, not "that I feed fevers"—words immortalized by Graves, but, instead,

"I pukes, I purges and I sweats 'em
And when they die I lets 'em."

And, my brother, the Code of Ethics stands out in golden letters for your guidance.

Is such conduct, are such conflicts of opinion excusable? Do they not inflict upon the whole profession incalculable damage? I must confess, for myself, indeed, I am sure that selfish considerations do not control all. Among our number, as doctors, as citizens, are to be found many who would adorn any city, or grace any

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body of men, in every relation of life, upright in morals and correct in conduct. If among that number we should find *some* clinging to exploded theories, uttering and preaching all sorts of medical vagaries *honestly*, but just as *surely resulting* in damage, what are we to say for them? Shall we, in charity, excuse honest mistakes, or hold them rigidly to the maxim of the law, "*ignorantia in medicina neminem excusat?*"

I wish I was differently constructed, or that I could condone medical heresies. In the very nature of my being, but in the fervent hope of elevating medicine to the plane, almost of an exact science, I will struggle on. It might be better for my pocket, it might often shield me from slurring comment, and attach more of the brethren to me if I would desist, but I am actuated by loftier purposes. Shall we sit still in the meetings of scientific bodies and let go *unchallenged* statements unworthy of its teaching. Would it be pardonable in us to permit grave mistakes to carry even the semblance of scientific truth in the presence of younger members of the profession? I think not. That too, by men who occupy high positions in the profession and are crowned with years.

It has been assumed on this floor by gentlemen who rank deservedly high in the profession, that craniotomy may be resorted to in occipito-posterior positions. I regret my absence when the discussion took place, as such teaching is unauthorized by any authority of my knowledge. In the course of my own experience a few such cases have confronted me, none of which required such a sacrifice; most, either rectified the position in

the course of the labor, or after reaching the floor of the pelvis, if rotation was not affected, the consulting accoucher easily relieved the difficulty with forceps.

It might be well to impress upon the minds of those who recommend craniotomy (where nature so often intervenes, and even in cases where she does not, that the forceps are perfectly competent,) that such counsel and practice find no sanction except with those who may arbitrarily assume it.

I shall be pleased to be informed of any standard obstetrical writer who intimates other teaching.

The purposes of this paper are now nearly gratified, being manifold, to arraign some crying medical evils, to encourage brotherly love, to bring about a better classification and knowledge of diseases, to probe and open up every avenue for jealousy among, and peculiar alone to our profession, are some of its salient features.

I will, finally, in concluding, directly charge that many of our older brethren are responsible for the vagaries of medical thought, and opinion pervading communities—"heart failure" and similar cloaks. I could illustrate by many of our diseases, but, for *our purposes*, let diphtheria serve us—that most fatal, dreaded and contagious of them all. Who is responsible for almost a panic among our citizens because of the presence in isolated localities, of sporadic cases of diphtheria? The old doctor, I believe. Which one of them can inspect the throat with his *eye merely* and safely determine that the membrane is diphtheretic? I boldly assert it, that *not one young or old*. He may *suspect*

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it. He *will verify* it when he returns to find his patient asphyxiated, and others contaminated. Should he not know at once and protect the child and the community generally from the dangers of infection, by every means known to medical science? He *will* when he accepts the facts as adjudicated in that disease, and surrender his own *opinions founded only upon* his experience *unaided*. What is the value of his statistics? What importance shall we attach to his treatment in the lights of advanced medicine? Verily, nought. Which one of them can say, that in the whole number reported to the Health Officer, any case was genuine except those that died? Truthfully, none. Were proper precautions taken to arrest it, admitting that the whole number were genuine? Has he informed himself that there are other bacilli besides Loeffler's which produce false membrane, anginas and even croup, simple in their nature, infinitely less dangerous but simulating in physical structure the genuine membrane?

I beg your attention here to a problem raised by our worthy Health Officer in a case of mine, in which I diagnosticated follicular tonsillitis *at once*, the doctor affirming the proposition that it is not possible to do so without the microscope.

I must express my surprise at the position taken by the doctor, and while I might imagine an *individual case* presenting difficulties, *in the large majority* the differential diagnosis is sufficiently easy. "In the *follicular form*, the individual yellowish gray patches separated by the reddish tonsillar tissue, are *very characteristic*, whereas, in diphtheria, the membrane is of

ashy gray, uniform and not *patchy*. A point of *greatest importance* is that in diphtheria the membrane is not limited to the tonsils but creeps up the pillars of the fauces, or appears on the uvula. Remove the diphtheritic membrane, you leave a bleeding, eroded surface; whereas, in lacunar tonsillitis, the exudation is easily separated with no erosion beneath it."

I would further add, that if the question of differentiation was in any wise important, that the Commission reporting on diphtheria at the Budapest Conference would have recognized it. I, therefore, have yet to learn that any pathogenic micro-organism is to be regarded in acute tonsillitis. Neither does Mr. Roux, in his masterly article on serum-therapeutics, counsel or refer to it.

What shall I say of any doctor who treats cases of *simple angina*, and only recognizes diphtheria weeks after by paralysis of the soft palate, and the regurgitations of fluids through the nose at every effort of swallowing? Has he protected his family, the community and our public schools against the dangers of an epidemic? The answer is obvious. What is his moral duty, his bounden obligation to all concerned, if it is not (1) to at once determine the presence or absence of the specific bacillus, to isolate the child, to disinfect the room; (2) to invoke the bacteriologist from beginning to end; (3) to address a rational treatment?

"No well educated doctor will reject the proofs of its specific nature in the light of modern research. No careful physician will longer neglect the only diagnostic test of diphtheria and the application of principles

growing out of its discovery. It is idle, from vanity of opinion to disregard the importance of the discovery, or longer *sneer* at the scientific dogmatism of the bacteriologist in the face of such overwhelming evidence." If I were reading this paper in the presence of the assembled savants of the world, I would be borne out in the correctness of the views advanced.

Let us hope that every doctor, wherever he may reside, but especially in Birmingham, will ponder and weigh the several exhortations made in the course of this paper. Then may we expect a regular "Moody Meeting" in unction, in fervor of brotherly love. The Regular and the Homœopath will lie down side by side; old pill bags and the younger Æsculapius will then understand their respective relations. The camphor and asso-fœtida bags will be classed as hoodoo inventions, the specific for diphtheria (of solutions of iron and potash, bromoiodo of calcium, left on family altars by "old pill bags"), will vanish. That brother "*who never loses a case if he can see it in time,*" will no longer *bray* in the land. In their stead serum-therapeutics and other "antitoxines" will supplant such primitive ideas, panics will disappear and mortality will be diminished.

But let us not expect it, or even hope for it, "except by higher aspirations and impulses, a true searcher after knowledge." He must study experiences of others as embodied in the journals, reason from their report to his own experience, and, as the science advances, put aside views formerly held, and grasp that which is proven. No physician can be progressive who does not keep in touch with the thought and experience of the

great body of the profession. No conscientious practitioner can do his duty to those who intrust their lives to his keeping, who contents himself with the *lessons* of his *own experience* and the teachings of *former text books*. Professional progress demands constant study.

SYNOPSIS OF A PAPER ON THE DIAGNOSIS AND TREATMENT OF CONGENITAL CYSTIC HYGROMA.

Read before the Southern Surgical and Gynecological Association, Charleston, S. C., Nov. 13, 1894.

DR. GOGGANS said that hygromata comprised a peculiarly interesting class of tumors, most generally developed in the region of the neck; that they were very indefinite; could not be removed, though they might seriously endanger life; they oftener disappeared spontaneously. He said that congenital cystic hygroma received such slight recognition from writers on general surgery that he knew of no work that gave the differential diagnosis of the disease in such way as to enable the student or general practitioner to identify it on meeting it the first time in practice. Hygromata were sometimes mistaken for ranula, and for a variety of congenital tumors of the neck where the branchial clefts failed to become obliterated in the deep structures but closed outside. But the congenital cystic hygromata were most likely to be mistaken for lipomata. He said that lipomata were rarely found at birth, while hygromata were rarely met upon an extremity. Both of them were painless and might present an indefinite border and a dimpling of the skin when raised between the thumb and fingers, with a slight sense of fluctua-

tion. In *lipomata* the skin could always be separated and raised above the underlying tumor ; not so with *congenital cystic hygroma*, and that constituted the distinguishing feature between the two classes of tumors. The intimate connection between the skin and hygromatous tumors, he said, was explained by the fact that hygromata are composed of dilated lymph spaces, varying in size from cysts just large enough to be seen, to cysts as large as an orange, and the dilated lymph spaces extend into the deep layer of the skin itself. He reported several cases of hygroma on the extremities, and an interesting case of an infant four months of age, where the hygromatous tumor occupied almost the entire right side of the chest. That case, he said, also presented many of the characteristics of lipoma, but on quite a large part of the surface of the tumor the skin was intimately adherent to the underlying tumor. The treatment advised was expectancy. He said that treatment by operative interference had proven to be most unsatisfactory, since most cases required deep dissection, the dilated lymph spaces having no respect for the deep tissues, and extending on all sides, attacking the connective tissue wherever found. Hygromata, he said, possess such low vitality that they were especially liable to spontaneous inflammation which was most generally followed by atrophy and diminution in the size of the tumor, and its final disappearance. They could undergo spontaneous atrophy, however, without inflammation. When left to mature, hygromata rarely endanger life, consequently it was only in extreme cases where he advised surgical interference.

Society Proceedings.

JEFFERSON COUNTY MEDICAL SOCIETY.

Regular meeting Jefferson County Medical Society Nov. 26th, the president, Dr. Ledbetter, in the chair.

The regular essayist for the evening, Dr. Wheelan, was present with his paper entitled "Medical Pot-Pourri" but, by his request, it was read by Dr. Riggs.

DISCUSSION.

Dr. J. D. S. Davis said he appreciated that medicine was not a trade, but should be placed on a higher plane, but he differed with the essayist in saying that operations should not be resorted to in order to make a diagnosis. In many cases this is our only means to get specimens for the bacteriologist. The pelvic surgeon must sometimes operate to relieve his patient and afterwards confirm his diagnosis.

Dr. Johnson differed with Dr. Wheelan in regard to performing craniotomy in occipito-posterior positions, and on being asked for his authority for the operation under such conditions cited Penrose in Hirsts' System of Obstetrics. He has done craniotomy only four times in twenty-eight years. Thinks the general practitioner should be called in before surgical operations are done. This might be the means of avoiding many mistakes. He cited some mistakes made by most prominent surgeons, and closed by saying it is human to err no matter what our experience and knowledge may be.

Dr. W. E. B. Davis thought this paper was to our members what a good sermon is to Christians. He spoke in complimentary terms of our profession in this city as a whole; thinks the physician and surgeon has separate fields but says no man can be a skillful surgeon unless he be a good physician. He believes in specialties in surgery, and don't think the abdomen should be opened by an apprentice. Surgeons should not seek to make reputations at the expense of the lives of their patients.

Dr. Riggs thought a surgeon had no right to open the abdomen to make a diagnosis, and then charge the patient big fees. He thought aspirating where pus is suspected was proper. The general practitioner tries to make a diagnosis without the knife and

consequently was usually more thorough in his examination. Abdominal surgery does not differ in the main from general surgery. He did not think there was any difference between the inflammation produced by the streptococcus and the staphylococcus.

Dr. J. D. S. Davis said the pus of the staphylococcus was not very virulent, while that produced by the streptococcus was, and the wound required more frequent washing.

Dr. Parke said Dr. Wheelan's paper reminded him of the story of Don Quixote, especially that part where Don was thrusting his sword at imaginary men. Yet the contents of the paper had much foundation. As to diphtheria, there is no royal road to its differential diagnosis, and the general public should have the benefit of the doubt. In New York City they depend upon the microscope for a diagnosis. From 1 to 5 per cent. of the cases of pseudo diphtheria prove fatal, and from 20 to 25 per cent. of true diphtheria.

Dr. Sears thought the paper an excellent one. He did not know whether the essayist intended to compliment "Old Pill Bags" or not, but on the whole he thought good things had been said about him. There is much good advice in the paper for both the old and the young.

Dr. Woodson said there was no difficulty in diagnosing diphtheria after the first forty-eight hours. The membranes in diphtheria and follicular tonsillitis are quite different; they are easily removed in the latter disease, while in the former, if removed, a bleeding surface is seen after their removal. In all cases of diphtheria there is profound constitutional trouble, and on the fourth day there seems to be a reinfection, and there is a rapid, weak pulse. In follicular tonsillitis there is a high temperature at first, which subsides in thirty-six hours. The various forms of diphtheria are due more to the pathologist's imagination than anything else.

Dr. Robertson took issue with Dr. Woodson; he thought typical cases of these diseases might be diagnosed by the naked eye; but generally the microscope will be necessary.

Dr. Sholl thought the purpose of this paper was good, and he favored this method of turning on search lights in dark places. He wanted it understood that the older men in this society are not "fossilized." It is our duty to keep abreast of the pace of sci-

ence; this we owe our clientele, and it must be done by industry and studious habits.

Dr. G. S. Brown said the advance of science shows us that we are getting farther and farther away from this medical millennium indicated in Dr. Wheelan's paper. In regard to embryotomy, he thought we should not allow any creed or dogma to deter us from doing our duty; these also tend to put off the millennium.

Dr. McCarty said he would not dare to enter into this learned discussion of diphtheria and follicular tonsilitis, but we should be able to diagnose the latter disease. "Old Pill Bags" should be an all-round good doctor, and those who thought he was a back number were mistaken; he should be able to diagnose gynecologic troubles as well as the gynecologist. However, he recognized the gynecologist as a specialist.

Dr. Wheelan was called on to close the discussion, but said he had been attacked by so many that to reply to all of them would detain the society too long; so he requested his friend, Dr. Riggs, to close the discussion for him.

Dr. Riggs said the mechanism of labor in occipito-posterior position was very slightly different from that in occipito-anterior position; the only difference was that in the former the occiput had to extend over a larger part of a circle, and he thought craniotomy should never be done when the head and pelvis were normal.

W. H. WILDER, Secretary.

SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

SEVENTH ANNUAL MEETING, HELD IN CHARLESTON, S. C.,
NOVEMBER 13, 14 AND 15, 1894.

FIRST DAY—MORNING SESSION.

The Association met in Artillery Hall, and was called to order at 10 o'clock A. M. by the president, Dr. C. Kollock, of Cheraw.

Prayer was offered by the Rev. Dr. Campbell, of Charleston.

An address of welcome was delivered by the Mayor of Charleston.

Dr. Brodie, of Charleston, followed with an address of welcome on behalf the local profession, and President Kollock responded in behalf of the Association,

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Dr. Wm. E. Parker, of New Orleans, read a memorial address on Dr. Warren Stone, which was prepared by the late Dr. A. B. Miles, of New Orleans.

He said as Professor of Surgery in the University of Louisiana for 35 years, as surgeon to the Charity Hospital for 39 years, and as general practitioner from 1832 to 1872, whose experience covered 18 epidemics of yellow fever and cholera in New Orleans, the name of Warren Stone is impressed indelibly upon the local history of a remarkable period. In his surgical clinics he taught the advanced surgery of the old school. He taught the principles of drainage in suppurative arthritis, in hepatic abscesses and in pyothorax. He advocated resection of the rib to facilitate the drainage in suppurative pleuritis. Whether in operative work or in the liberation of pus he made free incisions. He was among the first in the cure of aneurism of the vertebral artery. In the surgery of the arteries he was an expert. During 14 years of his work at the Charity Hospital, he operated without an anæsthetic. Realizing the difficulties under which he labored, he was ready to welcome the new era in surgery then about to dawn. The lives of many men are mirrored in their books and published papers, but the writings of Dr. Stone give but meagre knowledge of his work, or his position as an authority on surgery in the South. No man in the profession of Louisiana was ever so universally beloved as Dr. Stone. In his relations with other physicians he was gentle and considerate, never intrusive or aggressive. Many of the physicians in Louisiana to-day who knew him in life, speak of him affectionately as "Old Stone," and always with some expression of endearment and respect. His position in New Orleans may be compared with that of Physick in Philadelphia, Mott in New York, Lister in London, and Velpeau in Paris.

Dr. J. B. S. Holmes, of Atlanta, read a paper entitled

GONORRHOEA IN WOMEN.

He said there was no disease that affected women that should engage the serious and thoughtful consideration of the physician more than gonorrhœa. The author then, after quoting Tait and Sinclair on gonorrhœa, said he had no doubt but that many of the chronic diseases of the ovaries and tubes that came under the observation of gynecologists were due to this disease. In the majority of cases the poor woman was ignorant of the fact that

she had had or has any specific disease. Indeed, her husband might tell the physician that months or even years before his marriage he was a subject of gonorrhœa, which was cured and has since shown no evidence of return.

The essayist could conceive of nothing more dangerous than curetting the uterus in the presence of immense pus tubes with pelvic adhesions. The drawing down of the organ necessary for curettage may break up pelvic adhesions and pour out the contents of pus sacs into the peritoneal cavity, which would result in the majority of cases in the death of the woman. If her life is saved at all, it will only be done by a prompt abdominal section, with thorough irrigation and drainage of the abdomen. Then why not, in the first instance when pus is detected, promptly remove it by surgical interference? We then treat the woman rationally and give her the very best and only chance of relief and restoration to health.

Dr. George J. Engelmann, of St. Louis, called attention to the importance of differentiating between latent or chronic gonorrhœa and the acute form of the disease. He does not look upon acute gonorrhœa as a dangerous disease in women, but he does the latent or chronic form, but it is the infection which is not observed from a supposedly cured gonorrhœa in the male which produces the suffering in women.

Dr. Bedford Brown, of Alexandria, Va., took exceptions to the statement made by Dr. Engelmann in regard to the non-danger of acute gonorrhœa in females, and cited the case of a female in which acute gonorrhœa ran its course, terminating finally in fatal nephritis. In this case there was first urethritis, then cystitis, ureteritis, pyelitis, and acute nephritis.

Dr. Richard Douglas, of Nashville, thought Dr. Engelman had sounded the keynote in that there is quite a difference in the infection from acute gonorrhœa and the latent form of the disease. Infection from the latter was a mixed infection, not only with the gonococcus, but with the streptococcus and staphylococcus also, and that accounts somewhat for the virulence of the trouble. That gonorrhœa is the cause of uterine fibroids, he could scarcely accept, although he thought Dr. Price was the author of that idea.

Dr. Joseph Taber Johnson, of Washington, D. C., said in the treatment of pus tubes the result of gonorrhœal infection, the very

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radical suggestion of Dr. Holmes was correct, viz: the resort to abdominal section, as he was satisfied that gonorrhœal pus tubes were incurable by conservative measures. In addition to the removal of pus tubes, if present on both sides, the uterus should be removed also, because it is through the infected mucous membrane of the uterus that the tubes themselves have become infected.

Dr. William P. Nicolson, of Atlanta, said the general surgeon was concerned in the treatment of gonorrhœa as well as the specialist. We are told that the urethra has been inflamed and subsequently restored to its normal condition, and yet years afterwards the man transmits gonorrhœa to his wife. It is hard for me to accept such a doctrine. If a man goes for months and years with a gonorrhœa absolutely producing no effect whatever, if he is not well, how are we to tell him that he is not? We are told by the essayist that gonorrhœa is contracted by the female when there is absolutely no evidence whatever of disturbance in the urethra of the male, or that there is no trouble by which he can propagate disease.

Dr. A. M. Cartledge, of Louisville, thought the essayist failed to differentiate between cases of subacute and chronic salpingitis and the cases of acute infection from gonorrhœa. He threw out the suggestion that physicians are not fully conscious of the great prevalence of artificial abortions in young married women of the better as well as lower class, and he believes that in these cases of secondary infection from pathogenic organism we have a more fertile source for the development of tubular and ovarian disease than from gonorrhœa.

Dr. W. E. B. Davis, of Birmingham, Ala., considered the disease a dangerous one. The views of Tait, however, in regard to gonorrhœa were extreme. We have frequent cause of tubal disease in the puerperal state in delivery at term or in premature deliveries, and more frequently in artificial abortions, brought about by mechanical means. More or less infection occurs after all cases of abortion, but if the patient is in good condition at the time, she will not be materially affected. If we have a soil that is favorable for the development of septic germs caused by gonorrhœa, we will get a severe inflammation—a mixed infection.

Dr. W. D. Haggard, of Nashville, desired to place himself on record as opposed to the removal of the uterus and tubes for

pyosalpinx as the result of gonorrhœa, believing that by dilatation and judicious curetting patients can be relieved of an endometritis produced by gonorrhœa.

Dr. John D. S. Davis, of Birmingham, Ala., emphasized the importance of using the microscope in connection with gonorrhœa and carefully examining the pus. Experience has demonstrated that the latent effects of gonorrhœa were not always directly due to the gonococcus *per se*, but to a mixed infection; that is, we have an inflammation as a result of the gonococcus, which is fired up by another infection from the streptococcus. When we have a mixed infection, we have as a result pus tubes, suppurative peritonitis, and finally death of the patient if surgical interference is not resorted to.

Dr. Hunter McGuire, of Richmond, entered a protest against the doctrine that a man can have gonorrhœa and not get well. As for the idea that a man who has had gonorrhœa should not get married, it is preposterous. He had seen thousands of cases get well and remain so.

Dr. Holmes, in closing, said he was aware that many cases of acute gonorrhœa resulted in no secondary trouble, because they were recognized early and cured by judicious treatment. He wished to be understood as not indorsing the views of Mr. Tait, that gonorrhœa in the male was never cured, but he insisted that general practitioners were often too careless in advising patients to get married that have been the subjects of gonorrhœa.

SOME CASES OF ACUTE INTESTINAL OBSTRUCTION, WITH DEDUCTIONS, Was the title of a paper read by Dr. A. Morgan Cartledge, of Louisville, in which he reported 6 cases, three of which terminated fatally. The author said that the limited number of operated cases reported in his paper, together with an individual observation of probably as many more not subjected to operation, conform to the accepted belief of the hopeless nature of acute intestinal obstruction unless treated by early laparotomy.

While the author does not contend that we can dispense with opium in the treatment of these cases, certainly where obstruction is in the least suspected we should withhold its use until a diagnosis can be made. Certainly the practice of masking every abdominal condition characterized by pain with opium is too preva-

lent, and its practice gains additional calamity as surgery advances in knowledge which offers relief of these very conditions concealed by the cloak of opium and ignorance.

The practical and cardinal points in avoiding a fatal delay and making an early diagnosis, are to be found in: Sudden abdominal pain; a rapidly accelerating pulse; the vomiting of much more fluid in a given time than is taken by the mouth; the green tinged character of this fluid; the anxious expression of countenance when no opium has been used, the fact that although enema may be stained by the contents of the colon there is no expulsive movement of the bowels, and the passage of no gas.

The burning question now is to educate men to know that action to be successful must be quick; that timely aid depends upon the man who first sees the case; that when a physician from any reason suspects that a patient's bowels will not move, he should drop everything else and center all his time and attention upon that patient. He should not waste his grey matter by trying to determine if it be probable intussusception, volvulus, band, diverticulum or what not—leave that for the operation to determine; it is the most reliable way to find out.

SECOND DAY—MORNING SESSION.

Dr. F. W. McRay, of Atlanta, Ga., read a paper entitled

HERNIA OF THE DIAPHRAGM, WITH REPORT OF A CASE.

The author brought this subject before the Association for consideration, not alone because it offered an inviting field for experiment and investigation, but also because of a recent interesting case where, without warning, he was forced to meet the emergency without time for research into the literature of the subject; and, while he was not then sustained by a knowledge of the opinions of the leading authorities, he finds, from subsequent investigation, that the course pursued was in accord with the recommendations of such eminent authorities as Laennec, Bowditch, Guthrie and Marcy. In the case reported strangulation had occurred five days prior to the doctor seeing him. Had an early diagnosis been made, he feels sure the strangulation could have been relieved and the patient's life prolonged. The opening of the diaphragm was accessible, and he believes it could have been closed with a fair chance of permanent recovery. The case serves to emphasize the

necessity for early operation in all cases of acute obstruction of the bowels.

Dr. Louis McLane Tiffany, of Baltimore, Md., read a paper entitled

GUNSHOT WOUND OF THE SPLEEN AND KIDNEY—ABDOMINAL SECTION—
HEMOSTASIS BY DEEP SUTURE—RECOVERY.

The patient was a male negro, 20 years of age. Two hours previous to entering the University Hospital, March 21st, 1894, he had been shot with a small caliber rifle from a distance of twenty feet, the weapon being directly behind him, and he being erect. His urine was slightly albuminous; the pulse, temperature and respiration normal. There was a bullet wound three inches to the left of the spine, just below the last rib, from which blood oozed. After properly cleansing the wound it was enlarged, and it was found that the kidney had been injured, and that a bullet had passed onward, presumptively into the peritoneal cavity. The wound was filled lightly with gauze by the resident physician, and Dr. Tiffany was notified. External examination of the abdomen by touch and palpation revealed nothing, not even painfulness.

The patient was anesthetized, laid on the belly, and the wound, after being enlarged, was examined. The upper portion of the left kidney was perforated, and dark blood flowed from the peritoneal cavity beyond. This large wound was filled with gauze, the patient turned on the back, and the abdomen freely opened along the left semilunar line. A moderate amount of blood was free in the peritoneal cavity; no wound of the intestine could be discovered, but the spleen was found perforated, blood flowing freely from the wound of entrance, as well as from the wound of exit; the latter wound, in the concavity of the organ, was slightly the larger of the two.

The perforation through the spleen was about three inches from the free lower border. Unwilling to subject the patient to splenectomy, the essayist attempted to arrest the bleeding in the following manner: A long needle threaded with silk was passed entirely through the spleen central to and parallel with the bullet track; the long ligature was then tied over the free border of the organ so as to press the surfaces of the wound together tightly enough to arrest bleeding, yet not to tear through the splenic tissue; the ends of the ligature were cut short, the peritoneal cavity cleaned by copi-

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ous irrigation with hot water, and the abdominal wound closed. The kidney was tamponned with gauze through the dorsal wound. Convalescence was uneventful; the anterior wound healed by primary union; urine flowed from the dorsal wound for two days only, union by granulation taking place. The patient left the hospital, well, April 22nd.

In this case, the wound being small, hemorrhage was not profuse, and no abdominal organ save the spleen was wounded.

Dr. William Perrin Nicolson, of Atlanta, Ga., next presented a paper upon the report of a

SEVERE CASE OF NÆVUS,

which was cured by the use of galvano-puncture.

The case was one of a large growth occupying the groove from the angle of the jaw, up to and covering a portion of the ear, and extending out upon the cheek, the entire tumor being almost the size of a hen's egg.

Dr. Nicolson formulated the following conclusions as having been reached in the long period covered in the treatment of this case:

1. That while this treatment may not be applicable to all cases, in many of those that are reached by difficult dissection, and are subject to dangerous hemorrhage, as well as an unsightly looking scar, this is undoubtedly to be preferred to any other surgical proceeding. The time required in a cure is more than balanced by the entire preservation of the skin and the absence of danger from operative work.

2. That as to the quantity and quality of the current to be employed, as many as six cells of a zinc-carbon battery may be sufficient in small growths, while twelve cells of the same is perhaps the maximum to which it should be carried if the current from the positive pole alone should be employed.

3. The method of applying needles. Various forms of needles may be employed, but the ordinary steel needle gives equally satisfactory results, as the eschar produced in the skin at the point of entrance is not sufficient to amount to anything, and the needles can thus be changed at each sitting. That only one of them should be inserted into the tumor, while the negative pole should be attached to a sponge electrode moistened with a salt solution,

and placed upon some indifferent point, care being taken to remove it from point to point in order to prevent blistering the skin.

4. Method of attacking the tumor. Better results are obtained by passing the needle in from the periphery of the growth on a line horizontal with the skin, and in directions radiating from the circumference towards the center. Several of these punctures should be made at each operation. The length of the entire sitting should not extend to more than twenty minutes or half an hour, while intervals of two to three weeks, or longer, should be left between operations, to know whether there may not be a progressive shrinking away of the tumor.

5. As to the method of cure. He thought that several elements entered into attaining the result, of which the coagulum of the blood was one, and perhaps the least. The two remaining elements were the subsequent contractions of the small eschar produced in the radiating lines from the tumor, and the effects of the current upon the vaso-motor nerve supply.

He felt sure that a thorough trial of this method, as to the settling of the various points considered, would result in its adoption in the treatment of perhaps a large majority of these cases where we have a large elevated blood tumor with which to deal. He also believed that perhaps pricking the surface with the needle attached to a positive pole of battery might result in a series of small scars, which would result in removing the ugly port wine marks so common in this trouble.

OPERATION FOR COMPLETE PERINEAL LACERATION.

This paper was read by Dr. Joseph Price, of Philadelphia, in which he said that there are many men who, essaying to be authorities on the surgical diseases of the major order, have no conception whatever of injuries of the perineum and cervix, so far as their intelligent repair is concerned. Indeed, there are many with a large obstetrical practice, who labor under the delusion that they have never ruptured a perineum, and that all their patients have entirely normal perineae. This misconception is due to improper teaching more than to any other cause. Perineal lacerations, unless extending through the skin to or through the sphincter, may escape detection, unless by thorough digital examination.

All these tears should be approached as distinct surgical lesions to be repaired in the line of their anatomical destruction, and not

as cosmetic operations, whose object is to obtain superficial appearances without regard to perfection and utility. Heaping up of tissue outside the lines of resistance and tension, or mere thickening of mucous membrane and skin, does not make a true perineum; neither does a set of outside sutures, however much they may draw the parts together, afford any anatomical counterpart of a perineum. From this basis all the so-called outside flap splitting operations for perineal tears are only puckering operations, bringing parts within the sutures that have never been severed, and in many cases taking them out of their proper relations. Big sutures, heavy ligatures, clumsy instruments, have no more place here than in other surgery. The ordinary short strong sewing needle fills the bill exactly in most cases, though the Emmet stray-fine short needle for general use is preferable. Silkworm gut or silver wire is the preferable suture. The Emmet operation as originally suggested, and afterwards modified by its distinguished devisor, is the foundation for all successful operations on the lacerated perineum, either with or without sphincter tear.

Dr. Price, in closing, said the tears of perinea are often unavoidable, but their restoration is always possible, and their neglect is criminal.

After the reading of Dr. Price's paper, Dr. Engelmann took the chair and President Kollock delivered his annual address.

He first thanked the association for the honor conferred upon him in electing him as president. He then alluded to the death of Drs. William T. Briggs, of Nashville, and A. B. Miles, of New Orleans. Dr. Briggs' life had been one of usefulness. He had done excellent and remarkably brilliant work, and had achieved an enviable reputation. Dr. Miles, who had been made Professor of Surgery in Tulane University, was a man full of youthful activity and manly vigor, who by patient study and diligent research, aided by a brilliant intellect, had won for himself a high position in the profession, and in the estimation of his fellow men. To know him was to admire and love him. "His life was gentle, and the elements so mixed in him, that Nature might stand up and say to all the world, 'This was a man.'"

While in all branches of gynecology good progress had been made, he noted with pleasure that surgery had had its triumphs. Many reports of cases show enlarged experience and continual

improvement in the treatment of appendicitis, hernia, intestinal obstruction, and many other ills that flesh is heir to.

The president spoke as follows of the success of the association :

"It is not surprising that this association should, from its organization and management, prove a success. It has been presided over in the past by men of influence and ability, fitted to shine in any medical circle and to adorn and give dignity to any reunion. Yet not to its presiding officers alone has its success been due. Its founders are earnest men, but there is one among them especially earnest, having its welfare much at heart; a hard and willing worker, an excellent operator, well known by reputation to the medical men of the South and of the North—striving for the advancement of the South, Southern in sympathy, yet catholic in spirit. This man is Dr. W. E. B. Davis, of Birmingham, Ala., the secretary of the association."

OBSERVATIONS ON THE ACTION OF CHLOROFORM ON THE FUNCTIONS OF
THE HUMAN BRAIN AND SPINAL CORD, AS WITNESSED IN EX-
TENSIVE INJURIES OF THE CRANIUM AND BRAIN.

Dr. Bedford Brown, of Alexandria, Va., read a paper on this subject.

Dr. Brown cites the history of two cases of extensive compound comminuted fracture of the os frontis and serious injury and destruction of a portion of the frontal lobes of the brain as the basis of his paper. One of these cases of injury was caused by the kick of a newly shod horse, the other by a spent grape shot in battle. The subjects of both of these injuries retained perfectly their powers of consciousness and sensation.

The history of the first case was published in the October number of the American Journal of Medical Sciences, 1860, and occurred in the summer of that year. The fracture in that case involved a large portion of the os frontis. The fractured bones were driven back into the substance of the brain quite an inch in depth lacerating the frontal lobes extensively. There was a loss of about two tablespoonfuls of brain. During the operation, which lasted more than an hour, the patient was placed under a compound of chloroform 3 parts, ether 1 part, four different times. Through this large opening in the skull the brain could be seen perfectly and its varying changes of action under chloroform could

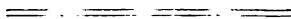
be observed perfectly. The invariable action of the anesthetic was to suppress hemorrhage, to quiet cerebral pulsation and to positively reduce circulation in the brain and arterial tension. These peculiar effects were observed as many as three or four different times. When the patient was threatened with collapse stimulants injected in the rectum produced increased circulation and arterial tension in the brain promptly.

Any struggling, mental excitement, or resistance while inhaling chloroform caused marked increase in cerebral circulation and pulsation with increase of hemorrhage.

The second case was that of a confederate soldier, who in battle received a spent grape shot in his forehead, causing an extensive compound comminuted fracture of the os frontis, driving the fractured bones back more than an inch into the frontal lobes. The wound in the skull was quite two inches in diameter, and more than an inch in depth.

This patient was subjected to chloroform three times during the operation which lasted an hour. The action of chloroform on the functions of the brain in this was similar to that in the first. When under full anesthesia each time the cerebral hemorrhage ceased, the cerebral pulsations diminished to a mere tremor, and the arterial circulation was markedly reduced. This occurred three different times during the operation.

The action of alcoholic stimulants resorted to in this case to prevent collapse from chloroform increased the cerebral pulsations and circulation in a positive manner.



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Seventh Volume.

With this issue of THE AGE we begin the seventh volume. The past six years have been pleasant and, in many respects, successful, and the quill-pusher of THE AGE can, with some degree of propriety, congratulate himself that such has been the result of his labors. Our contributors have been, many of them, among the very best medical writers. Our advertisers, with but two or three exceptions, have been liberal and appreciative of THE AGE as a medium for placing before the medical profession their products; and as we begin the seventh volume, we are pleased to know that a good number of new advertisements will appear before our readers, and that our regular advertisers will still be with us. We do not call special attention to this part of the journal so much from a monetary standpoint, but because this is one of the most important departments to our readers, and it will be the endeavor of the management to

place before the readers of *THE AGE*, from month to month, the best preparations made by the respective pharmaceutical houses.

Our subscribers, in spite of cheap cotton, and what is said to be hard times, have been on the increase, and we commence this, the seventh volume, with a good list of new subscribers.

THE AGE will continue to make improvements from time to time, and if our present plans are carried out—and no doubt they will be—we will make some DECIDED IMPROVEMENTS. The price of subscription will continue the same—\$2.00.

In the revision of our collaborators, it gives us special pleasure to place in this department of the journal the name of Dr. Wm. H. Johnston, of Birmingham, Ala., one of the active practitioners of the city. He is a counsellor of the State Medical Association, and Prof. of the Practice of Medicine in the Birmingham Medical College, and has been a substantial supporter of *THE AGE* from its youth up.

Dr. T. J. Searcy, of Tuscaloosa, is the Superintendent of the Alabama Bryce Insane Hospital. He is a Counsellor and ex-President of the State Medical Association. From the time we published the first issue of *THE AGE*, he has been a warm friend, and ever ready to help us in the work.

Dr. Goldsby King, of Selma, one of our very first subscribers, one who has contributed a number of splendid articles to *THE AGE*, and one of the leading practitioners of the Central City, is one of our new collaborators.

The Charleston Meeting of the Southern Surgical and Gynecological Association.

The seventh annual meeting of the Association, which was held on the 13th, 14th and 15th of November, was one of the most successful in the history of the organization. Its work was of high order, and would compare with any other similar organization in this country. Papers were read by many of the leading surgeons and gynecologists of the South, as well as by some of the leaders in these departments from the North and East. The social features were very much enjoyed, and much credit is due to Dr. Manning Simons, and other members of the Charleston profession, for the hospitable manner in which the Association was entertained. Those who attended the meeting can never forget the many kindnesses shown them on this occasion. The abstract of the proceedings, published in this issue of *THE AGE*, will furnish interesting and valuable reading matter. No other special Society in this country is attended by more eminent and scientific workers than the Southern Surgical and Gynecological Association.

The President stated in his address, that it is understood that the Association was organized for the benefit of the medical profession of the South, inasmuch as they could not attend and become active workers in the special societies in the North, owing to the great distance. They could read many of the valuable papers and discussions, but that is not like taking part in the discussions. There is nothing equal to a collision of mind with mind for bringing out and developing what there is in a man. The President went on to state that it

was thoroughly understood, that while the Southern Surgical and Gynecological Association was organized for the benefit of the profession of the South, that there is no sectional feeling and no political bias ; that the Association has upon its rolls the names of some of the ablest Northern men, and that it would gladly welcome others to its membership. He emphasized the fact that the South had produced many of its ablest gynecologists and surgeons. He spoke of the success of the Association as follows :

“It is not surprising that this Association should, from its organization and management, prove a success. It has been presided over in the past by men of influence and ability, fitted to shine in any medical circle, and to adorn and give dignity to any reunion. Yet not to its presiding officers alone has its success been due. Its founders are earnest men, but there is one among them especially earnest, having its welfare much at heart, a hard and willing worker, an earnest operator well known by reputation to the medical men of the South and of the North, striving for the advancement of the South, Southern in sympathy, yet catholic in spirit. This man is Dr. W. E. B. Davis, of Birmingham, Alabama, the Secretary of the Association.”

The following are officers for the ensuing year :— President, Dr. Louis McLane Tiffany, of Baltimore ; First Vice-President, Dr. Ernest Lewis, of New Orleans ; Second Vice-President, Dr. Manning Simons, of Charleston ; Secretary, Dr. W. E. B. Davis, of Birmingham ; Treasurer, Dr. Richard Douglas, of Nashville.

EXECUTIVE COUNCIL—Drs. George J. Engemann, Wm. D. Haggard, Bedford Brown, Lewis McMurtry.

The next session of the Association will be held in Washington City, beginning on the second Tuesday of November, 1895.

Biographical Sketch of Dr. Albert B. Miles.*

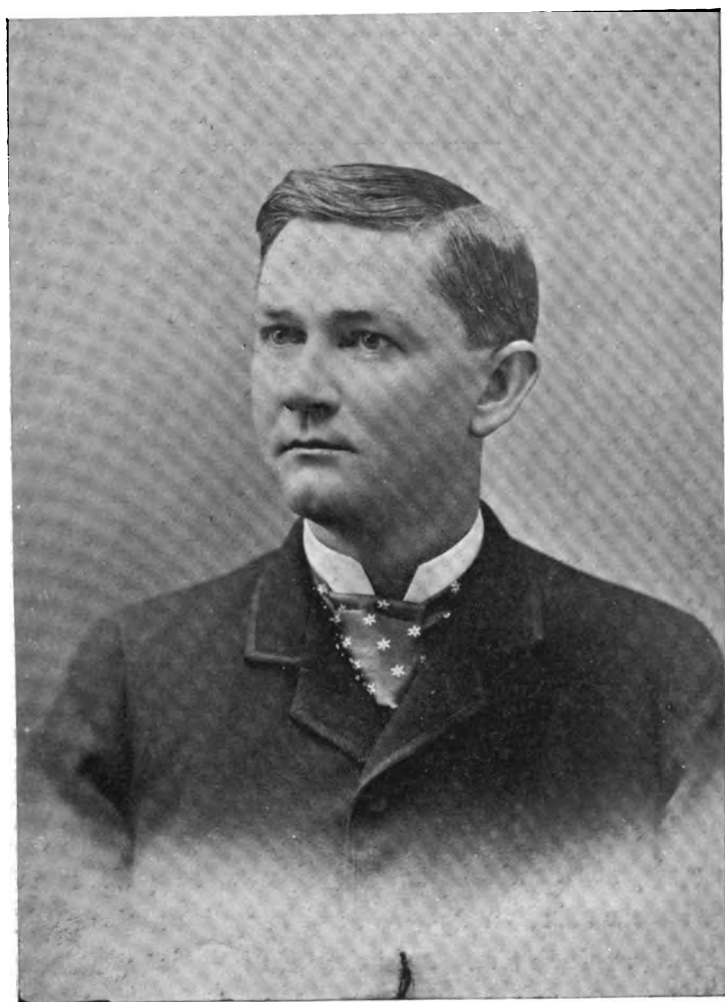
Dr. Albert Baldwin Miles was born in Prattville, Ala., May 18, 1852, being the son of Benjamin Franklin and Sarah Albertine Miles. In 1857 his father moved to Union county, Ark., and became engaged in agricultural pursuits, and in 1861 moved to Rusk county, Tex., as he was in poor health. They lived there until 1864, when the doctor's father and mother died. His uncle, Mr. John B. Tatum, then took charge of him, and he moved to El Dorado, Ark. He attended the schools of that town until 1871, when he entered the University of Virginia. In the spring of 1872 he had a severe attack of pneumonia, and was compelled to leave the University. Dr. Miles was always a hard student, and would not let trifles interfere with his studies. Since the doctor's death, his brother told me the following story :

When a boy at boarding school, he was studying one evening, when a boy of his own age and size came in and deliberately tried to disturb him. The doctor asked him to stop, but the boy did not do so. The doctor told him that after his lessons were prepared he would whip him. After a time the boy left, and the doctor finished his studies. The next morning, true to his promise, he gave him a sound thrashing.

* By Wm. Elliott Parker, Assistant House Surgeon Charity Hospital, New Orleans, La.

From boyhood it had been his intention to study medicine, so he entered the medical department of the University of Louisiana in the autumn of 1872, and in the spring of 1873 was appointed resident student of the Charity Hospital through the influence of his friend, Dr. P. C. Boyer. In April, 1875, he graduated, and was the valedictorian of his class. He was at once appointed associate demonstrator of anatomy, and was appointed demonstrator the following year. Just after he graduated he was elected as a visiting surgeon to the Charity Hospital, and was appointed chief of clinic to Prof. Samuel Logan, who was at that time professor of anatomy and clinical surgery. While a resident student he was assigned to the wards of Drs. Logan, D. W. Brickell and Frank Hawthorn, and during that time they formed an attachment for him that lasted until they died. In April, 1877, he was elected assistant house surgeon of the Charity Hospital, and continued to hold this position until 1881, when he resigned to accept the position of house surgeon to the Hotel Dieu. April 4, 1882, he was elected house surgeon of the Charity Hospital, and filled this position with marked ability until his death. In 1885 he resigned the position of demonstrator of anatomy in the University, after having filled it for ten years.

During this time he had a remarkable record, in that he never failed to meet his class. In 1886 he was elected professor of materia medica and therapeutics in the University, and continued to fill this position until the end of the session of 1892-93, when he was elected professor of surgery, to succeed Dr. Logan, who died in



Dr. Albert Baldwin Miles.

Born in Prattville, Ala., May 18, 1852.

Died in New Orleans, August 5, 1884.

January, 1893, and whose place in the faculty he had filled to the end of that session. As a teacher his manner was simple, and he was considered one of the best lecturers that has ever been connected with the University, and he was beloved by all of the students. He was always kind to and considerate of the younger members of the profession, and helped many of the more needy ones financially as well as with his good advice. He became specially prominent as a surgeon, and had those two things that are necessary for any man to become a great surgeon, viz.: a steady hand and a clear head. He was always cool and collected during emergencies, and the more difficult the case the better did he operate. His judgment was remarkable, and his opinion was always highly valued by his confreres.

He had great success with cases of gunshot wounds of the abdomen, and wrote several articles on that subject. Among his successful cases was one with sixteen perforations of the ileum and three of the mesentery, and another with fourteen perforations of the ileum. He successfully ligated the right subclavian in its third portion, for a gunshot wound of that vessel, after applying a temporary ligature to the first portion to control hæmorrhage while he exposed and tied the wounded point. During the past winter he successfully ligated, simultaneously, the external iliac and superficial femoral for traumatic aneurism that extended to Poupart's ligament.

Although he wrote with ease, he made, for a man of his prominence, very few contributions to medical litera-

ture. While Dr. Logan's chief of clinic he reported many of his cases, and later wrote a number of articles, among which was "Tracheotomy in a case of bronchocele," "Epithelioma and its treatment," "After treatment of bronchotomy," "Report of the case of remarkable control over muscular movements," all of which were published in the *New Orleans Medical and Surgical Journal*, and "A case of gunshot wound of abdomen with sixteen perforations of the ileum and three of the mesentery," reported in the *Philadelphia Medical News*.

Two years ago he read a paper before the American Surgical Association on "Thirteen cases of gunshot wounds of the abdomen, with remarks," which was subsequently published in the *Annals of Surgery*. His paper on "Chlorform vs. Ether," read before the Orleans Parish Medical Society in 1887, and published in the *New Orleans Medical and Surgical Journal*, met with favorable comment from the medical journals throughout the country. His address at the last meeting of the State Medical Society was one of the ablest papers that has ever been read before that body, and to his personal influence was largely due the success of that meeting, and the passage of our present medical law. For several years he was an editor of the *New Orleans Medical and Surgical Journal*. He was a member of the American Surgical Association, American Medical Association, vice-president of the Southern Surgical and Gynecological Association, ex-president of the Louisiana State Medical Society, and a member of the Orleans Parish Medical Society. At the last meeting

of the Southern Surgical and Gynecological Society he was asked to prepare an address, to be read at the next meeting, on "The Life of Warren Stone." Fortunately, he had completed this address, and it will be read.

His consideration for the feelings of others is well shown by the following story : When a boy of 15 or 16 years of age he was at school at a place about forty miles from Monroe. One day he was sent to Monroe to attend to some business, and among other things that he had to do he consulted some lawyers. One of them suggested that he should leave his saddle bags in his office while he attended to his other commissions. He did so, and about 2 o'clock was ready to start home, so went to the office to get his saddle bags, but found that the office was locked, and that both members of the firm had gone home to dinner. The one that he had seen lived about a mile from town, so he went to the house of the other, who lived only a short distance. The doctor rang the bell, and the old gentleman came out with a napkin tucked in his neck. The doctor explained the circumstances to him, and asked for the saddle bags, saying that he had forty miles to ride and would like to start. As he handed him the keys to the office the old gentleman said : "Young fellow, I thought you had too much sense to interrupt a gentleman at his dinner." Time went on, and the young boy became a great surgeon. Two years ago a message was delivered to the doctor while at his dinner, asking that he come to his office to see an old gentleman who was very anxious to see him. He went and found the old lawyer, who had come down to consult him about a serious surgical trouble. The

doctor operated successfully, and the old gentleman was very grateful. As he told this story to two intimate friends, one of them asked if he had mentioned the occurrence of his boyhood to him. He replied, "No, I did not want to make the old gentleman feel badly." How few of us there are who would have allowed such an opportunity to pass by!

He was a good and true friend, and frequently went to great inconvenience for his friends.

His executive ability is well shown by the high stand that the Charity Hospital held among similar institutions. He planned the ambulance house and started our excellent ambulance service, and suggested to the board and assisted in planning the out-clinic buildings, the building for women and children, and the new amphitheatre, but did not live to see it completed. He was largely instrumental in the founding of, and was the first dean of the faculty, of the Charity Hospital Training School for Nurses.

In July, 1894, he contracted typhoid fever, and died August 5th. He was never married. Five brothers and one sister mourn the loss of a devoted brother, the medical profession of the South has lost one of its greatest surgeons, and the State of Louisiana one of her most public-spirited and most charitable citizens.

Editorial and Miscellaneous Notes.

In prescribing the products of Manufacturing Pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the Robinson-Pettet Company, Louisville, Ky. We do not hesitate to recommend the preparations advertised by them in this journal.

FOR A DEPARTMENT OF PUBLIC HEALTH.

Dear Doctor :—You are doubtless familiar with the effort which the American Medical Association is making to secure the enactment by the Congress of the United States of the bill now pending to create a Department and Secretary of Public Health. The great importance of the proposed legislation to the medical profession, and to the people of the country, is too evident to require argument. The only thing we need to discuss is, how to secure for the bill the favorable consideration of the members of Congress. To this end, this circular letter is addressed to the officers of State and other Medical Societies and Associations, with the urgent request that such officers will promptly appeal to the members of their Societies and Associations to write to their members of Congress, in both houses, requesting them to give their support and their votes in aid of the passage of the bill referred to. If all the doctors in all the States take part in a movement of this sort, and would keep up for a few years, there

can be no doubt that success would soon crown our efforts. Let no one consider his influence of little consequence, but let every one write promptly. Such a storm of letters would batter down all opposition.

Every one who receives a copy of this letter will please enter into correspondence with the chairman of the committee.

Very respectfully,

(Signed) JEROME COCHRAN, M. D., Chairman.
 E. C. COMEGYS, M. D.,
 N. S. DAVIS, M. D.,
 J. C. CULBERTSON, M. D.,
 CHAS. DENISON, M. D.,
 U. O. B. WINGATE, M. D.,
 W. B. ATKINSON, M. D.,
 LISTON H. MONTGOMERY, M. D.,
 Committee.

MONTGOMERY, Ala., Nov, 22, 1894.

TARTARLITHINE.—A prominent physician writes as follows: "I cannot as yet give a complete report on the use of Tartarlithine, as a remedy in the treatment of gout, for the reason that it takes some time to gather in the results. I will say that, so far as it has been tried, the verdict is unanimous in its favor. I have used it in the treatment of about a dozen cases of my own, with results that are little less than wonderful. The characteristic feature of its action is the rapidity and promptness with which patients improve under its use. An improvement is noticeable within 24 hours. One of the most striking cases which came into my

hands, was a physician showing marked gouty manifestations in the mouth, along with an atonic condition of the gastro-intestinal tract, absolute inability to digest starchy or saccharine foods, muscular rheumatism, frequent bilious headaches, tegumentary eruptions on various parts of the body, a palmar gouty eczema, extending to and including the balls of the thumbs and between the fingers. I prescribed the Tartarlithine, 20 grains per day, the copious use of water as a beverage, the avoidance of nitrogenous food, hot baths, and moderate exercise, and in one week there was an absolute disappearance of all of the uric acid manifestations. The habitual and general nervous irritability were all gone, and he stated that he had done the best week's work which he had accomplished for years.

"I have had similar reports from numbers of other cases. I presented the subject before the Philadelphia County Medical Society, and while there was but little discussion, it seemed to awaken a general interest. A number of physicians in Philadelphia are testing the preparation, and as soon as I can hear from them I will let you know."

The 5 gr. tablets are recommended. Tartarlithine Tablets, vials, containing 100 Tablets, 5 grs. each. Tartarlithine Powder, vials, containing one ounce. This preparation is made by McKesson & Robbins, New York.

CARBOLIC ACID IN FULL STRENGTH IN SURGERY.—Dr. O. H. Allis recommends the method originated by Dr. Gardner, of Bloomsburgh, which consists in the application of pure carbolic acid to extensive wound

surfaces. For example, after the amputation of the female breast and ligature of the bleeding vessels, carbolic acid crystals dissolved in sufficient water for solution, are applied with a sponge to parts of the wound surface, which at once turns white. The wound is then washed with sterilized water and approximated, a provision being made for drainage of a considerable discharge which takes place. The advantages claimed by Dr. Gardner for this treatment are that it prevents systemic absorption, lessens shock, and acts as a local anæsthetic and hæmostatic. Dr. Gardner also resorts to it in operations outside of the pleural and abdominal cavities, such as amputations and resections. Dr. Allis has employed it with success in a case of threatened gangrene of flaps after amputation.—*Gaillard's Med. J.*

FOR SALE.—I offer for sale my practice, together with my Drug Store, consisting of a full line of drugs, sundries and fixtures complete, in Jacksonville, Ala., a town of about 1,500 inhabitants, with good surrounding country, churches of all denominations, a splendid school (State Normal), two railroads.

For terms and particulars, apply to

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RUDY'S PILE SUPPOSITORY is guaranteed to cure Piles and Constipation, or money refunded. 50 cents per box. Send two stamps for Circular and Free Sample to MARTIN RUDY, Registered Pharmacist, Lancaster, Pa. No Postals answered. For sale by all first-class Druggists everywhere. Elam Drug Co., Wholesale Agents, Anniston, Ala, *adv.tf*

Book Notices.

A COMPEND OF THE PRACTICE OF MEDICINE. By Daniel E. Hughes, M. D., Chief Resident Physician Philadelphia Hospital; Physician-in-Chief Insane Department Philadelphia Hospital; late Demonstrator of Clinical Medicine in the Jefferson Medical College of Philadelphia; Fellow of the College of Physicians in Philadelphia. Fifth Physician's Edition. Thoroughly Revised and Enlarged, Including a Very Complete Section on Skin Diseases and a new Section on Mental Diseases. By P. Blakiston, Son & Co., Philadelphia. 1894. Price \$2.50.

This well bound, neatly printed and splendidly arranged book comes fresh from the publishers. A demand for the fifth edition of this book bespeaks its merit, being backed up with the ripe experience of the author with all modern acquisitions to practice and therapy incorporated therein, together with an added appendix on mental diseases, such as daily come under the eye of the general practitioner. The teachings of this book can be relied upon and truly it is a time saver. In the twinkling of an eye you get all that science knows of any disease treated of in this book, devoid of all unnecessary jargon. This book will often be found a friend when you are in need. W. B. A.

A SYNOPSIS OF THE PRACTICE OF MEDICINE. For Practitioners and Students. By Wm. Blair Stewart, A. M., M. D., Lecturer on Therapeutics, Late Instructor in the Practice of Medicine in the Medico-Chirurgical College of Philadelphia, Demonstrator in the Philadelphia School of Anatomy, etc., etc. One Large Octavo Volume, about 434 pages. Cloth \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York. 1894.

Certainly this is a clear, clean cut and true synopsis of what it pretends to be. Its head lines do not falsify what follows. It is a splendid effort at transmitting knowledge, said information having been gained by ex-

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perience and research. A collection of scientific facts, treated of in a terse, easy, to the point, style. It commends itself. It is superbly practical, without burdensome theory, yet full enough. Under the six following essential heads: Etiology, Symptomatology, Pathology, Diagnosis Prognosis and Treatment it tells in a few concise and pointed words, the cause, the what, the where, the how, the result and the effect of every disease coming within its scope, and in such a manner as every medical man can understand. Summing up, it is *multum in parvo*.

W. B. A.

THE PHYSICIAN'S VISITING LIST FOR 1895. Twenty-fourth year of its publication. Twenty-five patients a week edition. Price \$1.00, leather binding. P. Blakiston, Son & Co., Philadelphia.

This handsomely bound edition for another year is before us. Aside from its general neatness, it is enlarged with useful matter, containing a list of new remedies to date, their medical properties, &c.; a page on the incompatibility of medicines; the diagnosis and treatment of the simpler superficial diseases of the eye; and other useful innovations. Bound in 25, 50, 75 and 100 patients a week sizes. Prices, \$1.00, \$1.25, \$1.50 and \$2.00, respectively. Complete and compact. All physicians should use them on account of the ready medical information given.

W. B. A.

WEEKLY MEDICAL REVIEW POCKET REFERENCE HAND BOOK AND VISITING LIST PERPETUAL. Published by J. W. Chambers & Co., St. Louis. Price \$1 00.

Substantial and reliable, this welcome visitor continues its annual rounds, serving the many. Economic in arrangement, useful in practice, this book continues to occupy its accustomed place in being generally used by the general practitioner.

W. B. A.

Selections.

Diphtheria.—Reports to the *Journal* from local health officers and from State Boards of Health indicate an unusual increase of diphtheria throughout the Northern States generally ; in some localities the incidence is reported as bordering on the epidemic, and in a number of cases the public schools have been closed in consequence. There is a curious contrast exhibited at the present time in the respective attitudes of the profession towards this disease in the United States and in the Old World. Here much attention is paid to the early detection of the true character of throat ailments by biologic examination of the morbid secretions, and the establishment of agencies for the prompt bacteriologic diagnosis of diphtheria, in connection with the usual municipal sanitary machinery, is spreading even to the smaller cities and towns ; the curative treatment of the disease, or its prophylaxis, by the antitoxin serum has, as yet, made little headway. The reverse is true of Europe, and especially of Great Britain. Our Continental exchanges devote pages to the record of most successful results in the serum therapeutics of the disease, and Prof. Roux, *Chef de Service* of the Pasteur Institute, and President of the French Committee for the Study of Diphtheria, presented, at the recent Budapest Congress, the summary of a year's experience with the Behring antitoxin treatment, which shows successes never before equalled on similar lines. But the bacteriologic diagnosis of the disease, as well in England as in France, Germany and Austria, seems to have been thus far confined to test experiments, mainly in hospital practice, and undertaken chiefly for the purpose of verifying the claims of the serum treatment. It is fully time that the two methods were used in con-

junction, and that the American practice—by which the physician, in an increasing number of communities, can obtain a positive diagnosis of any suspicious throat disease in a few hours, without expense—shall be combined with the therapeutic treatment of Behring, which, in the words of the *Lancet*, “has yielded results never hitherto obtained by any other plan.” Notwithstanding urgent appeals, notably those of the *British Medical Journal*, the adoption of the American method is still delayed.

Boracic Acid in Constipation.—Excellent results may be obtained in many cases of constipation by the application of powdered boracic acid to the rectal mucous membrane. The writer's mode of application is as follows :

The ordinary rectal speculum having been introduced, half a drachm of powdered boracic acid, either pure or mixed with an equal quantity of starch, is introduced by means a small spatula ; a soft mass of cotton is then grasped by a pair of dressing forceps and used as a plunger to carry the boracic acid into the bowel. Applications of this sort will often secure an evacuation of the bowels in the course of an hour or two. The best time for the application is before breakfast. The applications are also useful made in the afternoon or evening, especially in very chronic cases. Cases in which this method is found most useful are those in which constipation is due to loss of sensibility in the nerves of the rectum, in consequence of impairment of the normal reflexes by which nature calls for an evacuation of the bowels.

This remedy will be found very valuable in cases of leucorrhœa of the rectum. In cases in which irritability exists, the boracic acid must be mixed with twice the quantity of powdered starch, or an equal quantity of subcarbonate of bismuth.—*Mod. Medicine.*

Etiology and Prophylaxis of Diphtheria.—
(By B. Becker, M. D., F. S. Sc., London ; Toledo, O.)
—The Eighth International Congress of Hygiene and Demography, held at Buda-Pesth September 2 to 8, 1894, can be considered as one of the most remarkable and important reunions of representatives of the medical sciences from all countries during the latest times. This can be judged from the reports so far published.

One of the most important proceedings of the Congress was the discussion on the etiology and prophylaxis of diphtheria, which may be shortly related in the following:

Löffler, from Greifswald in Germany, says that diphtheria is produced by a specific bacillus, whose importance is not doubted any more by anybody. As diphtheria we can consider that affection only which is produced by the Löffler bacillus, excluding all similar affections which are caused by other micro-organisms. In fact, we often find diseases of the upper air passages, which give the same picture as genuine diphtheria, but which are caused by an infection of streptococci, staphylococci or pneumococci and which, like the genuine diphtheria, can take a benign or a malignant course. The differentiation in diagnosis can only be made by bacteriologic examination, and all the statistics of diphtheria cannot have any value as long as this differentiation is not strictly observed.

The course of an epidemic diphtheria depends on different factors : 1, on the quantity and the virulence of the diphtheritic bacilli; 2, on mixed infections by which the virulence of the bacilli is increased, or the organism weakened by the absorption of the products of secretion; 3, on the individual predisposition.

The bacillus of diphtheria is often found in the pharynx or in the nose of healthy individuals, its presence

not producing any pathologic symptoms. It produces a disease only in those cases in which it is fixed on the mucous membranes. Lesions of the mucous membrane facilitate this fixation, and atmospheric changes, moist air, etc., seem to favor the development of the disease. In the majority of the cases, diphtheria is directly transmitted by contact, by cough, kisses, by hands which are soiled with the fresh secretion, but often also by food, linen, etc., even a long time after the infection.

The patient must be considered as dangerous to others as long as bacilli can be found upon the mucous membrane. Usually they disappear a short time after the healing of the local process, while in certain cases pathogenic bacilli are found in the pharynx and the nose after weeks. Enveloped in organic substances and with the exclusion of light the bacillus can retain its activity for months outside of the organism. Dirt, moist and dark houses therefore favorably affect the conservation of the bacilli and the spreading of the disease. The most favorable condition for such a spreading is found in accumulations of susceptible individuals, as in schools, etc.

All means of prophylaxis are especially recommended:

1. Cleanliness, dryness, ventilation and light of residences.

2. Hygiene of the mouth and nose; repeated gargarisms with solutions of chloride of sodium, or bicarbonate of soda; cleanliness of teeth, extraction of diseased teeth; removal of hypertrophied tonsils.

3. Cold spongings of the neck.

Every suspicious case should bacteriologically be examined. Every practitioner should receive culture media from drug stores or health offices to be simply inoculated and sent to the bacteriologic station. The report of all cases of genuine diphtheria, likewise of all sus-

picious cases, should be obligatory, and all the diphtheritic patients should be isolated. To possibly prevent the spreading of pathogenic germs, local anti-parasitic treatment should be resorted to, if the locality of the disease allows it.

The most effective preventive against the spreading of diphtheria is the prophylactic inoculation of those persons surrounding the patient, especially of the children. Numerous experiments have proven the harmlessness of Behring's curative serum (Heilserum) and its effect as a preventive remedy should be tested liberally in schools and families. Disinfection of the sick room and of all things which have been used by the patient should always be done. Convalescents from diphtheria should not come in contact with healthy people before the absence of the bacillus is proven by bacteriologic examination. In epidemics the laity should be enlightened by public instruction and publications.

Representing the French committee, Professor Roux, from Paris, offered the following thesis:

1. Diphtheria is a contagious disease; the report of the cases must be obligatory.
2. Diphtheria patients should be isolated.
3. The health officers have to provide for the proper disinfection of rooms infected by diphtheritic patients, of their clothes, linen and beddings; in short, of everything that has been used by the patients, toys included. During the sickness, the soiled linen, etc., must be disinfected before given out for washing.
4. Carriages, etc., used for the transportation of diphtheritic patients must be disinfected after each use.
5. Children who have had diphtheria should be kept from school until the physician has stated the cure and permitted the return to school.
6. When a pupil of a certain school is taken sick with diphtheria, the rest of the children should be under

the observation of a physician for some time. All suspicious cases of angina should be excluded from school immediately. Special care is required for the sisters and brothers of a patient.

Besides these rules to be effected by official ordinance, the following principles should be generally adopted :

1. In order to employ an effective treatment of diphtheria the diagnosis must be made early. The beginning of the disease is insidious in many cases, and it would be overlooked less often by frequently repeated inspection of the child's pharynx. Mothers should make this inspection daily and the children be made used to it from an early age.

2. An early and sure diagnosis of diphtheria can only be made by bacteriologic examination, which therefore should be practiced by every physician.

3. Our knowledge concerning the effect of the anti-diphtheritic serum is of such a kind at present that its prophylactic use can be recommended for children in families with a diphtheritic case.—*Jour. Am. Med. As.*

The Evils of Neglecting Diseases of the Ear.—That neglect in extinguishing fire results in the destruction of the entire house is a self-evident proposition, but not more self-evident than that neglect of suppurative inflammations of the ear, or even loss of life. Among the stages of this destructive process, we have deafness, caries, necrosis, abscess of the brain, meninges or mastoid, osteophlebitis, thrombosis of the lateral sinus, pyæmia, and infection and inflammation of the liver and other organs. Deaf-mutism is a not infrequent result of suppurative otitis media.

Most cases of suppurative otitis are readily cured if only treated at their inception. The necessity of grave operations upon the mastoid arises usually from neglect

of timely and proper treatment of an acute otitis. This neglect has permitted the inflammatory process to extend backwards, upwards, inwards, or in all directions.

Every otologist recognizes these facts, and does what he can to enable the general practitioner to recognize the same and act accordingly. But the educational process is a slow one, and many lives and countless ears must be sacrificed ere it is completed.

Because the ear lies deep within the temporal bone, and because general practitioners have not been trained to examine it, they fail to realize the results of a neglected otitis media, or to differentiate it from abscess of the walls of the external ear, or similar harmless affections. Their minds do not contain a gallery of pictures which this otitis makes day by day as it works among the structures in and adjacent to the middle ear, and so they fondly hope the disease will cure itself. In fact, it is common—though less so than twenty years ago—for general practitioners to tell their patients that the running ear will get well of itself; or, if the case be a child, that the child will outgrow the disease, and that it better not be meddled with.

The time for the proper care of suppurative otitis media is at its inception, or as soon thereafter as possible. If cared for then, there is good reason to believe that the disease will receive a speedy check, and the least possible damage be done to the muscles, joints, bones, etc., of the middle ear, and the greatest possible hearing saved.

Another class of middle ear diseases are also neglected, viz., the non-suppurative group. The result of the neglect of these is certain deafness, without hope of relief. In many the disease induces a tinnitus most distressing and incurable. Life is not forfeited, but it is made scarcely worth living, as the deafness becomes

by degrees total. There is more excuse for this neglect than in the cases of suppurative inflammation, because the non-suppurative are most insidious in their approach ; they generally do a large amount of their destructive work before they are recognized. Only when they induce tinnitus, or are attended by an accumulation of cerumen, or some incidental disorder calling for a special examination, are they recognized, until uncomfortable loss of hearing forces the patient to seek a physician ; yet, in their early treatment these cases are readily amenable to treatment.

Only when human beings think enough of their physical condition to have it periodically examined will it be possible to recognize these cases at the time most favorable for treatment.

The Use of the Catheter After Labor.—Recht (*Journ. de Medicine et de Chirurgie Practiques*) shows that, on the evidence of repeated observations, micturition is almost always spontaneous. In 6,666 labors under Pinard's care, in the last four years, the catheter has been used only twenty times, and in the 1,920 labors last year only three times. Pinard objects very strongly to routine use of the catheter, which even in skilled hands often sets up cystitis. The practice in Paris lying-in hospitals is, however, very varied. At the school of midwives nearly every newly delivered patient has the catheter passed. Maygrier, at the Pitie, delays the use of that instrument until twelve hours have elapsed after labor without the patient being able to pass water voluntarily. Bar allows a maximum of eighteen hours ; Parak and Budin, twenty-four ; Tarnier, thirty-six ; Champetier de Ribes, forty-eight. Ribemont Dessaignes, at the Hospital Beaujon, objects to the catheter as strongly as Pinard. Boissard finds that not only is there danger of cystitis when the catheter is passed after labor, but the patient is liable to lose the power of voluntary micurition for many days through nervousness.—*British Medical Journal*.

The Alabama Medical ^{and} Surgical Age.

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Original Communications.

EARLY OPERATION IN APPENDICITIS, WITH A CASE.

By J. McFADDEN GASTON, M.D.,

ATLANTA, GA.,

Professor of Principles and Practice of Surgery, Southern Medical
College, etc.

Read before the Southern Surgical and Gynecological Association, at Charleston, S. C.,
November 13, 1894.

UPON making some remarks on the paper of Dr. J. B. Murphy before the surgical section of the American Medical Association at Milwaukee in 1893, I was asked by Dr. Nicolas Senn if I would recommend an operation in all cases of appendicitis. My reply was that whenever the diagnosis was clearly established, I considered the operation warranted, as delay only increased the danger likely to attend perforation of the appendix.

It is evident from the reports of cases supposed to be appendicitis having a favorable termination with expectant treatment, that operative measures are not requisite in all inflammatory processes involving the iliac

region. But we must admit that the former classification of typhlitis, paratyphlitis and perityphlitis was not entirely without foundation in assigning their troubles to the cæcum and surrounding structures. This is emphasized by the facts developed in not a few instances of operations for supposed appendicitis when it is found that the case is an iliac abscess without any involvement of the appendix vermiformis. A striking illustration of this doubtful diagnosis is reported in the *Atlanta Evening Journal* of November 5th, I presume without professional authorization, in which it is stated that the patient had been sick about a week with a trouble that looked like appendicitis, but he recovered and was able to be out upon the streets. After being up for three days his fever returned and his physician, after consulting with two other colleagues, decided that there was an abscess in or near the appendix which would prove fatal if it was ruptured. The trouble was near the appendix and the patient submitted to the operation, but it is stated that he is now grieving because the doctors failed to remove it.

The inference is that it was not involved, and hence it was not excised; although the patient had said to the doctor, "I want you to cut off that appendix whether there is anything the matter with it or not," so as to be free from future trouble.

This result is in keeping with the statements published through medical channels, that it is difficult to decide in advance of an operation whether the origin of these inflammations in the ilioecæcal region is located in the appendix or adjacent structures.

This brings us back then to my position that whenever the diagnosis is clearly established, the operation is warranted, and I may say, is demanded, without delay.

But the fundamental difficulty of making out the precise location of the trouble and diagnosing unmistakable appendicitis at an early stage of its development, confronts the surgeon at the outset and must be resolved before proceeding to perform any radical surgical operation.

After the pelvic inflammation has gone on until there is purulent collection which can be detected by palpation, the case no longer requires any acumen for diagnosis or skill in the procedure for its relief. It is nothing more than a circumscribed abscess, which plainly calls for evacuation by an incision and antiseptic dressings. The danger point has been passed under the regime of masterly inactivity in a case of this nature, and it only needs the application of the simplest principles of minor surgery to carry it to a successful termination.

But the great importance of recognizing the incipient stage of appendicitis lies in the risk of perforation, with all its appalling consequences, before there are any patent signs of surrounding disturbance, and here comes the life saving of surgery appendicitis.

He who can detect a diseased appendix which threatens perforation or discern the fact of its perforation immediately after its occurrence, and takes time by the forelock with prompt surgical measures, is the great deliverer.

It has fallen to my lot to observe the serious consequences of perforation of the appendix vermiformis in several cases, and the *post mortem* examinations of these fatal results have been reported from time to time during the past twelve years. Some of these cases could have been rescued undoubtedly by a timely operation, and they have served as an incentive for urging a resort to early operative measures so soon as the nature of the disease could be known by the physical signs accompanying appendicitis.

In a paper read before the American Medical Association in the spring of 1886, the following language was quoted by me from Ziegler :*

“The vermiform appendage is peculiarly adapted to catch and retain substances passing through the cæcum. Matters which have been swallowed—such as grape seeds, apple-pips, cherry-stones and the like—and fæces, may accumulate in the appendage and set up inflammation. Sometimes these become encrusted with phosphates and carbonates, and so form fæcal concretions or calculi. The inflammation thus set up may extend to all the coats of the appendage, and then attack the contiguous structures, and in this way necrosis and gangrene with perforation may be caused.”

The effects produced by perforation of the vermiform appendix vary with the anatomical relations of the parts and the seat of the ulceration. In illustration of this point, I quoted in my paper laid before the American Medical Association in June, 1887, the high authority of Mr. F. Treves, as follows: “The appendix com-

* Text Book of Pathological Anatomy and Pathogenesis, Art. 471, p. 638.

monly lies behind the end of the ileum and its mesentery, and is directed upwards and towards the left. In the only other common position, it ascends vertically behind the cæcum. It may, however, be so placed that its free end lies at the brim of the pelvis. If perforation takes place near the attached end, or if the whole tube lies behind the cæcum, the abscess would be in the same situation as that resulting from disease of the cæcum, and would be indistinguishable from it. When the appendix occupies its more common situation, and when the perforation occurs in the free part, it is followed either by general peritonitis, usually fatal under a week, or by the formation of a collection of pus enclosed in a cavity formed by the surrounding coils of intestines firmly united to each other by adhesions."

According to Dr. Fenwick, in ninety-five cases of which accurate details could be obtained, thirty-eight presented localized collections of pus. It is very unfavorable when perforation takes place before adequate adhesions are formed. Fatal peritonitis is nearly always induced.

I went on to state that in cases of doubtful diagnosis, presenting reasonable grounds for the conviction that there exists a disorder calling for operative interference, exploratory laparotomy should be resorted to at an early stage after other modes of treatment have failed to afford relief. The consequences of thus opening the abdominal cavity when operations upon the contained organs are not undertaken, are not generally serious. Operations in the ileo-cæcal derangements should not be delayed until the physical powers have be-

come prostrated, but resorted to while there is capacity for reaction of the vital forces.

In another paper, read before the same body at the meeting in May, 1888, I remarked that while some have claimed that inflammation is set up in the vermiform appendage as a result of derangement of the digestive apparatus, and others have supposed that the entrance of germs into its cavity has developed morbid processes in its structure, the facts go to prove that such causes of disease are rare in comparison with the troubles growing out of local irritation having a mechanical origin.

There is absence of preliminary indications pointing to the nature of the inflammatory process at the incipency of disorders of the appendix vermiformis, which presents a problem of difficult solution for the surgeon. At this early stage, however, there may exist a certain degree of sensitiveness upon pressure, immediately over the site of the appendix, and this tenderness, revealed by cautious palpation, may serve for the recognition of an incipient inflammation, when there is no perceptible thickening or induration in the tissues of the appendix. It is clear that the causative influence, of whatever character it may be, must, up to a certain point, be of gradual operation in the development of inflammation. During this stage, it is of the greatest importance to be able to recognize its presence and progress. Not only the external examination should be carefully made, but a digital exploration by the rectum should be directed to the discovery of the seat of the inflammation in the appendix.

There are in most instances some concomitants of the local trouble, manifested in derangement of the alimentary canal, perhaps of a reflex order, prior to the extension of the inflammatory process to the adjoining structures. In the early history of appendicitis, it has been noted that there may occur, either a disposition to frequent evacuations, or a state of intestinal torpor, in which it is difficult to arouse the peristaltic action of the bowels, either by purgative medicines or an enema. During this period the constitutional disturbance is not very marked, and yet there exists usually a febrile state, with slight rises of temperature, so that nice discrimination will detect a departure from the normal condition of the system.

It is found generally that inflammation set up in the wall of the canal by a mechanical irritant, leads to perforation and extravasation of the contents, accompanied by characteristic shock and followed by diffused inflammation. This is the dividing line between two distinct phases of symptoms, and whatever may have obscured the case previously, it is for the most part well defined after this grave result.

There may be only a circumscribed involvement of the surrounding structures, exciting adhesive inflammation in the serous tissues which shuts in the exudation from the cavity of the appendix, and thus forms a local abscess. But usually the septic matter permeates in different directions and sets up general peritonitis, with a train of constitutional troubles. With the uncertainty that hangs over the diagnosis in the early stages of appendicular disorders, the expectant treatment is gen-

erally recognized as the most prudent course, but there is a growing tendency among surgeons to cut the Gordian knot by a decisive step, and resort to an exploratory operation by incision for determining the exact seat and character of the disturbance. Some aggressive practitioners have inculcated surgical interference at the earliest practicable period, and with the lights before us in cases of this kind, the surgeon is warranted, so soon as he has good and sufficient reasons to believe that there exists progressive inflammation of the appendix, in verifying this diagnosis by cutting down upon it. This course is indicated when the symptoms of a local and constitutional nature are such as to raise a presumption in favor of appendicular inflammation, in advance of those phenomena which usually accompany perforation. In other words, an exploratory operation is advisable, with a view to learn the exact condition of the parts involved, and in the event there is no evident manifestation of inflammatory action in the tissues of the appendix or cæcum, and no indurated mass can be discovered in either by careful exploration, the incision may be closed without any probability of serious consequences.

If, however, on the contrary, appendicitis is verified, with or without the recognition of a solid body within its canal, it would be proper to ligate and excise the appendix vermiformis as a security against further inflammatory developments in its structures. Thus all liability to the graver results of perforation would be most effectually obviated, and thus surgery of a destructive order would eventually prove conservative in

preventing other grave consequences. The diagnosis of appendicitis clearly cannot be guaranteed without an exploratory operation, as the statements of those most familiar with this class of cases show most conclusively. It does not augment materially the risk to life, while it insures a radical cure when disease exists.

I would not be understood to favor a resort to the trocar or other mode of puncture to reach a supposed purulent collection in the iliac region, as it is evident that no practical utility results from such procedure, and I am convinced that great harm may insue from such explorations.

I am on record for the statement, in 1888, that "if there be a doubt in the diagnosis of appendicitis, it is solved by a transverse incision in the iliac region, and if nothing be revealed requiring further surgical interference, the opening may be closed by suturing the peritoneum with catgut in the continuous form of suture, while the fascia, muscles, and skin are brought together by interrupted suture of iron-dyed silk. There will not occur much strain upon the suture in this line of union, and the operation should not be carried further, except when the evidence of disease in the adjacent structures demands a larger field of observation." If this is done, with the precautions suggested recently by Dr. Chas. McBurney for separating the muscles without cutting their fibres, it will still further simplify this procedure.

In a case of appendicitis not involving any doubt in the diagnosis, I have concluded that an incision of three or four inches made outside of the right rectus muscle,

extending perpendicularly downward over the cæcum, will afford the best line of access to the appendix. In case a suppurating tract should be discovered extending upwards towards the liver, the opening may be carried up along the linea semilunaris to any extent which may be requisite for exposing the sulcus or the sinus containing pus. Observation of the difficulties encountered in exploring the right iliac region by an incision of the linea alba has led to its abandonment.

This brief outline of the incipency, progress and termination of appendicitis which was presented by me at an early period of the history of this disease, holds good to-day. While others have added to the practical details of treatment during the past six or eight years, I realize that a more precise and definite description of appendicitis has not been given than that afforded in my papers. They were laid before the profession in the years 1886, 1887 and 1888, and will be found published in the *Journal of the American Medical Association* for those years, to which members are referred.

Having observed in some cases of appendicitis a peculiar pain in the penis, and noticing that others have drawn attention to the same complication, it is not out of place to record that this feature was very striking in a patient recently under my care. If this painful development in the penis is present in the early period of appendicular inflammation, it may aid materially in making a diagnosis at this stage, and I would suggest that surgeons report instances of this kind, which come under observation, so as to throw light upon this matter. Of course this feature cannot avail in the female,

but it is found that a vaginal examination affords an insight to the nature of the case when a well defined tumefaction of the appendix exists.

The complications presented in females from ovaritis or distension of the fallopian tube on the right side, introduces an element of doubt in females which is never found in males. I was called to a neurotic lady some months ago, who referred her pain to the site of the appendix and this was accompanied with a marked sensitiveness upon palpation in the right iliac fossa, with slight fullness in this region, which led me to suspect appendicitis. But all passed away with the treatment adopted, and I was greatly relieved as to the knotty question of diagnosis. It has, however, come under my observation in another female patient to verify the diagnosis of appendicitis made by the attending physician, without recognizing the urgency for an operation upon my first visit as consultant. Upon being recalled three days subsequently, the patient was in a state of profound collapse from a supposed perforation of the appendix, and being impressed with the conviction that she would sink under an operation, I declined to use the knife. She was really in a moribund condition and died within two hours afterwards.

This result impressed me with the great importance of taking time by the forelock, even in cases of appendicitis not presenting symptoms of gravity, and having another opportunity soon afterwards of confirming the judgment of a colleague who had diagnosticated appendicitis, an operation was urged.

I have no doubt that some cases will occur in which

the patient may recover without any operation, but on the other hand the delay in using the knife must lead to death in many cases which would have been saved by the timely resort to a surgical operation. The great difficulty in deciding in advance which sort of case we are dealing with warrants surgical interference in all cases.

It has recently been a vexed question to decide when an operation is called for in a case supposed to be appendicitis, and it may be laid down as a rule to guide us that upon recognizing the signs of local inflammation with constitutional disturbance, the operation is demanded.

Appendicitis has received so much attention from the profession of late that a successful operation after an established diagnosis in a case of this kind should be recorded. A young man came under the care of Dr. J. S. Todd, July 21st, having symptoms indicative of appendicitis, and I was called in consultation by him July 23rd and concurred in his diagnosis. It was determined to watch the developments, and on July 24th it was agreed that the progressive local trouble and constitutional disturbance demanded immediate interference. The operation was accordingly made by me with the assistance of Drs. Todd, H. F. Harris and J. McF. Gaston, Jr. An incision four inches in length, extending perpendicularly downward from the level of the umbilicus on the outer border of the right rectus muscle, exposed the cæcum, and the appendix was found by careful manipulation at its most dependent part. It was ligated off from the cæcal attachment

and excised, revealing a small perforation and containing three distinct faecal concretions or enteroliths. Suppuration had already appeared at the lower portion of the incision, which was removed by sponging, and a thick layer of iodoform gauze was packed into the upper portion of the incision temporarily to prevent any extension of the contamination upwards. The peroxide of hydrogen was used for cleansing the purulent focus, and subsequently free irrigation with hot water was employed for all the adjacent tissues. The space below the cæcum was filled with iodoform gauze, extending out at the lower angle, thus securing drainage. The peritoneum was closed in the upper half of the incision with catgut, and the muscles, fascia, and skin with iron-dyed silk suture. The whole was covered with iodoform gauze and cotton, secured by a roller bandage.

The patient was kept under the influence of morphine with atropine for twenty-four hours, after which Epsom salts with senna tea was given by the mouth and by enema, using also the hypodermatic tablets of magnesium sulphate from time to time until the bowels were freely evacuated. There was great discomfort experienced by the patient for several days, but at the end of a week his functions were performed in a normal manner. The stitches were removed one after another from the skin, and adhesive plaster has been used since for bringing the edges of the wound in apposition, keeping gauze in the lower angle.

Upon the tenth day after the operation the ligature

was found detached from the stump of the appendix and removed. The patient was allowed for the first time to get upon his feet on the fifteenth day and everything seemed favorable for a speedy recovery on the twenty-second day after the operation. He continued to improve steadily and soon resumed his business, completely restored to his usual health.

It will be noted that there was a departure from what most operators have inculcated in regard to using purgatives previous to an operation for appendicitis and withholding opiates subsequently. The reasoning of my colleague and myself was that complete repose of the intestinal canal for a time was indicated, and we had no reason to regret this mode of treatment.

It strikes me forcibly that surgeons who are doing abdominal work of late, have been led to an extreme in condemning opiates in all the conditions presented in this class of cases. While avoiding the erroneous practice of locking up the bowels with opium in threatened peritonitis and urging free catharsis with salines to prevent peritonitis, it has been overlooked that there is often an element of pain and restlessness which requires an anodyne. Allowing that the general principle of treating peritonitis with salines is correct, I am equally convinced that an opiate influence is often attended with a salutary effect in cases of abdominal surgery, and the result was entirely satisfactory in this case. While this report is brief, it serves to illustrate the importance of an early diagnosis and early operation in appendicitis.

INFERENCES.

1. The first inference from a general consideration of ileo-cæcal troubles is that all collections of pus should be evacuated by free incision followed by gauze drainage.

2. Should the appendix be involved in the abscess and already in a necrosed state, it is fair to infer that the canal is closed so that there is no communication with the cæcum, and hence excision is not requisite.

3. If on the contrary the appendix is found to be enlarged and indented without perforation, it should be ligated and removed at once.

4. In suspected cases of appendicitis, without the signs of suppuration or the presence of a local swelling or induration, an exploratory operation by a transverse incision above Poupart's ligament, with separation of the muscular fibres, should be resorted to without delay.

5. With a clear diagnosis of appendicitis, a longitudinal incision on the outer border of the right rectus muscle, extending downward over the cæcum, is best adapted to reach the appendix.

6. In all cases of recent occurrence, in which suppuration has not appeared, but there exists an inflammatory process of the appendix, it should be removed.

WHEN IS GONORRHOEA CURED?—Nothing is more difficult than to know when a gonorrhœa, which has apparently ceased to discharge, is cured. In fact, the suppression of all discharge, the disappearance of the so-called "goutte militaire," which had appeared in the

morning at the lips of the urethral meatus, as well as the absence of all traces of agglutination of the orifice, are, as we know, perfectly compatible symptoms with the existence of an absolutely latent gonorrhœa, but which, however, reserve enough virulence in order to be transmitted by coition. This absence of certain signs of cure in gonorrhœa often places the practitioner in an embarrassing position, as is the case frequently where a patient, who has apparently recovered from a recent attack of gonorrhœa, is on the point to marry. He asks his physician whether he is actually cured, and whether he takes any chances in contaminating his wife. The only way to decide this question seems to be the experiment which a Holland confrere, Dr. Kraft, of Utrecht, resorted to. He ordered his patient to consume a liter and a half of beer (which has the effect of increasing the gonorrhœal discharge); besides, he gave him an injection of sublimate in the urethra. If the patient is absolutely cured, no reaction ensues; if the contrary, urethral discharge will show itself sometimes as late as 48 hours afterwards.—*La Revue Medicale.*

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Society Proceedings.

SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

**SEVENTH ANNUAL MEETING, HELD IN CHARLESTON, S. C.,
NOVEMBER 13, 14 AND 15, 1894.**

SECOND DAY—CONTINUED.

**HYDRO-PYONEPHROSIS—SUCCESSFUL REMOVAL OF A FORTY POUND
TUMOR OF THE KIDNEY.**

(By Dr. Joseph Taber Johnson, of Washington, D. C.)

The patient was 63 years of age, and had inherited and possessed until five years ago a remarkably good constitution. At this time a lump appeared in his right side in the region of the liver and was supposed up to the date of the operation to be caused by enlargement and abscess of that organ. This lump gradually increased in size and the patient had gradually lost flesh and strength until the date of the removal of the lump, when he could not have weighed more than 80 pounds. At no time did he suffer from pain, and only a few weeks with fever.

There were several points of interest in this case, viz: failure of a number of good men to make a diagnosis, though the patient was under observation for nearly five years. Failure of repeated examinations of the urine to detect the slightest evidence of disease of the kidney. The only explanation the writer suggests is that the disease at the time of analysis and subsequently had so destroyed the function of the kidney as to prevent the escape of any urine at all, and that the specimen examined all came from the other organ, which fortunately was healthy; failure of such large quantities of foul smelling pus to produce more sepsis; absence all through the history of pain or fever; the median line incision, the separate ligation of the renal vessels, and the ligation and dropping of the ureter.

The writer is aware that the lumbar incision is preferred by nearly all nephrectomists, and that they often bring out the cut end of the ureter and fasten it to the abdomen.

While the lumbar incision may be best in small tumors and otherwise disease of kidneys, it certainly could not have suc-

ceeded, the author believes, in a case of the magnitude of the one here reported, not only on account of its great size, but also because of its being so extensively adherent to the omentum and abdominal wall. The colon had to be carefully separated from the anterior surface of the tumor.

Dr. W. L. Robinson, of Danville, Va., read a paper entitled

REPORT OF CASES OF GUNSHOT WOUNDS.

He reported two gunshot wounds of the abdomen, lacerating the liver and bowel. In neither case were the symptoms commensurate with the injury; neither shock, hemorrhage, nor pulse portrayed the necessity for operation. Yet in view of the 92 per cent. mortality from gunshot wounds of the abdomen without operation, he did not hesitate. The first case came so near dying on the table, and his light being imperfect at 12 o'clock at night, he only found the liver wound, failing to find the hole in the posterior border of the hepatic flexure of the colon. The patient died in three days. His second case was operated on promptly, and the injury in the transverse and descending colon was promptly repaired with the Murphy button. The man was on a spree and had had no action from bowels for three days. For two days no unfavorable symptoms presented themselves, but on the night of the second day distress from tympanites and pain began. He suggested to his associates the propriety of reopening the abdomen, but enemata and grain doses of calomel were tried. This the author considered was his fatal mistake, for the waiting of ten hours had lost him the chance of a life saving operation. He reopened and with medium trocar emptied the bowel of gas, but exudative lymph was manifest on bowels, and obstruction of button by fæces existed. The button held its tissue firmly, and no leakage had occurred. He washed out the cavity, but patient died in ten hours of shock.

MOVABLE KIDNEY.

This paper was read by Dr. Geo. Ben. Johnson, of Richmond, Va. At the outset the author emphasized three propositions: (1) Movable kidney is extremely common. (2) It is capable of producing very distressing symptoms, and in many instances is a menace to life. (3) It is curable by a simple and safe operation.

The author's own experience with movable kidney from a surgical standpoint extends back a little more than three years. Prior

to the first nephrorrhaphy, which he performed in May, 1891, those cases he had met with were given little or no thought. Since the date mentioned, he has looked with more interest on his cases, and has come to marvel at the frequency of the malady. He has examined a limited number of persons likely to be the subjects of movable kidney since his first operation for its relief, and in a comparatively small number of subjects he has encountered twenty-seven cases. Edebohls, who has studied five hundred cases, fixes the rate at one for every five or six women examined. Linder gives about the same rate. Osler makes no statistics, but mentions it as a common occurrence in his hospital wards. The records of these observers and Dr. Johnson's cases justify the assertion that it is a common malady.

It occurs more often in women. He had never seen one in a male subject. Age is a factor in its production. His own cases have been in subjects varying in age from twenty to thirty-five years. In only one instance has he seen it in a woman over forty. Both kidneys may be movable at the same time. The right is the one that is affected in the preponderating majority of the observed cases. This is accounted for by the relation of the kidney to the liver on this side.

Two anatomical facts help to explain the preponderance of the right over left kidney displacement. (1) The greater length of the right renal artery, and second, the firmer attachments of the left kidney. The author has twice seen a movable kidney follow obstruction of the ureter. It happened that both of these cases were on the left side. The increased weight of the kidney due to accumulated urine and congestion must have played an important part in the etiology of the dislocation in these two cases.

In many cases of movable kidney, there are no symptoms. In others, the symptoms are extremely distressing, producing great mental disquietude, as well as intense physical suffering.

In a proportion of cases the symptoms are grave. Torsion of the ureter is common, partial occlusion by bending is not uncommon, inducing a distension of the pelvis by dammed up urine. Hydronephrosis may follow. Calculus is thus invited by reason of poor drainage,

Apart from tumors of the kidney itself, the condition most likely to be mistaken for movable kidney is distended gall bladder.

Nephrorrhaphy is not indicated in every case of dislocated kidney, but only in such cases as manifest distressing or dangerous symptoms. When gastro-intestinal disturbance impairs the general health, when nervous symptoms are severe, when the dragging abdominal pains are constant, when disease of other organs is simulated, when hydronephrosis is threatened, when one or more attacks of torsion have occurred, the operation is imperative.

The author then outlined his method of operating on movable kidney, and closed his paper with a report of seventeen cases.

Dr. Richard Douglas, of Nashville, followed with a paper entitled

ACUTE PERITONITIS.

Appreciating the condition under which the colon bacillus may escape from its natural habitat and become actively pathogenic, and knowing the supply is unlimited, the dose being governed alone by the integrity of the bowel, naturally we accord to this bacillus the first place in the causation of peritonitis.

In obedience to the teachings of experimental work, the surgeon must accept the classification of Pawlowski of two forms of peritonitis. *First*, that produced by chemical agents with which we are not concerned. *Second*, that produced by infection. The latter is more tangible. It is fully in accord with our idea of the genesis of the disease. It harmonizes with clinical work. With Mordecai Price, the author agrees that every case of general peritonitis has a demonstrable cause, and that cause is septic in character. Pathological manifestations of peritoneal infection are subject to many variations which, in a great measure, indicate the virulence of the poison and guide us in forming a prognosis, but to simplify matters, the author considered it under two heads, which illustrated the microscopic and macroscopic changes, the results of general peritonitis.

It is an indisputable fact that the type and virulence of the inflammation is largely dependent upon the origin, hence in our bedside work we may consider the subject under the following etiological classification :

Infection from without..	Immediate	{ This is direct infection of the peritoneal membrane through penetrating wounds of the abdomen, either accidental or surgical.
	Mediate ...	{ This form embraces all cases of contamination of the peritoneum occurring from extension of adjacent infected areas, as leakage from mural abscesses, or puerperal infection.
Infection from within..	Immediate	{ Visceral perforation or rupture and direct inoculation of the peritoneal membrane with escaping contents, as in perforating typhoid or gastric ulcer, appendicitis, or rupture of gut and bladder.
	Mediate	{ Infection by emigration of micro-organisms through visceral wall of impaired resistance as in incarcerated hernia, intestinal obstruction, ruptured ovarian cyst

. The author then reported a few illustrative cases. One case was reported of general purulent peritonitis. The patient recovered, and the author considers that it was due entirely to free incisions, thorough irrigation and ample drainage.

THIRD DAY—MORNING SESSION.

HISTORY OF VAGINAL EXTIRPATION OF THE URETUS.

Geo. J. Engelmann, of St. Louis, read a paper on this subject, in which he stated that at the New Orleans meeting of the Association he was deeply interested in vaginal hysterectomy, which he presumed was a comparatively new operation with very recent modifications; but Dr. Lewis, of that city, called his attention to an old French pamphlet, showing that the operation had been done in the '20's. Since then he had found it was done still earlier precisety as it is done to-day, the operation having developed step by step.

Dr. Lewis, of New Orleans, in the discussion stated that the first vaginal hysterectomy was performed by Dr. Dabourg in the little town of Autell, France.

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. Dr. Edmond Souchon, of New Orleans, read a paper entitled

REMINISCENCES OF DR. J. MARION SIMS IN PARIS.

In 1860, Dr. Souchon had just entered into the study of medicine in Paris, and was attached to the service of Prof. Velpeau. In the spring of the following year, he by accident met Dr. Sims who had come to Paris with a letter to Velpeau from Valentine Mott, of New York. At this time Dr. Sims knew nobody in Paris and could not speak a word of French, so that the meeting of young Souchon was a very great help to him in his intercourse with Velpeau and other surgeons of the French capital. Sims' great object was to get a case on which to demonstrate the success of his operation for vesicovaginal fistula. Velpeau procured a case upon which Sims' operated successfully before a large audience of students, doctors and professors in the operating theater of the old Charite.

The ovation Dr. Sims received was very great and gave him the start that made him the unrivaled surgeon we all know him to have been. Wherever Dr. Sims traveled and located he had more calls than he could attend to. The doctor's success, however, was not without hard moments, for twice he met cases that came very near terminating disastrously from the effects of chloroform. But their final recovery only increased the admiration of all for Sims' fine qualities as a surgeon.

Dr. Souchon relates in his paper several instances of Dr. Sims' generosity and gives a graphic account of the generous and sublime manner in which Dr. Sims came to his rescue in a trying moment of great distress.

Dr. Souchon's paper ends in words of highest praise, enthusiasm and love for the great and good man that Dr. Sims was.

Dr. Geo. H. Noble, of Atlanta, Ga., read a paper entitled

A CASE OF CARCINOMA OF THE PARTURIENT UTERUS, REMOVED THREE DAYS AFTER CONFINEMENT—RECOVERY.

The specimen he presented was one of carcinoma of the parturient uterus removed by vaginal hysterectomy three days after labor. The woman had previously been confined, sustaining a laceration of the cervix uteri, which perhaps was a factor in the cause of the disease. In the first few months of the last pregnancy the patient was treated locally by her family physician; but there

was nothing to cause a suspicion of malignancy. Almost the entire vaginal portion of the cervix was destroyed, less than one-fourth of its circumference remaining intact. The induration extended deep into the uterine tissue, but could not be felt beyond the limits of that organ. The roughened ulcerated surface was easily traced for a considerable distance within the cervix, the os being dilated to about five centimeters in diameter. Her condition was unpromising, and surgical interference was clearly interdicted, so the os and vagina were cleansed thoroughly and lightly dressed with gauze. She was then placed profoundly under the influence of morphia sulphate with a view of arresting labor, securing rest, and recuperation sufficient to permit evacuation of the uterus which occurred spontaneously twelve hours later. The child was poorly nourished and lived only a few weeks, finally dying of inanition.

What is the advantage of hysterectomy over Porro's operation, and if hysterectomy is preferable should the vaginal or abdominal method be given precedence over the other? To the first, the author answered that hysterectomy undoubtedly promises more to the mother than a Porro operation in cases where the disease is confined to the uterus, and he asserts that when the cancerous mass can be successfully removed, it is the duty of the surgeon to do it, as Porro's method merely bridges the woman over the puerperal state and leaves her to her fate. In radical removal there is a promise of cure.

In answer to the second question, the author said it is evident that the method of operating must depend largely upon the character of each individual case. Thus the vaginal operation may be done when it is desirable to take advantage of the diminished liability to shock, even though the large size of the uterus may render the operation more tedious.

The main point in the paper was to show the feasibility of hysterectomy in the puerperal state for cancer of the uterus, as the case reported clearly demonstrated, even though it is too early to claim immunity from the return of the disease.

LIGATION OF ARTERIES.

(By Dr. John A. Wyeth, of New York.)

The author said that in August, 1894, in an operation for the removal of a malignant neoplasm of the left upper jaw which in-

volved the speno-maxillary fissure and part of the orbital cavity, it became necessary as a preliminary operation to ligate the external artery. In cutting down upon this vessel by the usual incision—the point of bifurcation of the common carotid artery being, as demonstrated by him in a study of one hundred and twenty-one subjects, opposite the upper border of the thyroid cartilage—he found quite a network of veins crossing from the median line of the neck to the internal jugular immediately over the point of ligation, and spreading from one-half an inch above down to the bifurcation of the common carotid. As it would have taken some time to apply a double ligature to each one of these veins, and as the author, on account of the bad general condition of the patient, desired to expedite matters as much as possible, he resorted to this expedient: By catching hold of the sheath of the common carotid and at the same time making gentle traction upon the lowermost of these veins with a blunt hook in an upward direction, he found that with his aneurism needle, armed with a good sized catgut ligature, he could slip this instrument around the artery just in the crotch of bifurcation of the common into the external and internal carotids. Having every confidence in the healing power of arteries ligated under aseptic conditions, especially those tied with animal ligatures, in preference catgut, the ligature was applied at this point, and immediately tightened. It was so close to the common trunk that it also occluded the superior thyroid branch which is given off, as a rule, just at this point and which he saw within the grasp of the ligature as he tightened it. The wound was immediately closed without drainage and sealed by iodoformized collodion dressing. The operation on the jaw was completed with an insignificant loss of blood, and on the fifteenth day after the operation the patient left his private infirmary in New York City for his home in the western part of the State. There was no hemorrhage following this deligation.

About five years ago, in a similar operation, a ligature was applied at this point with equal success. The speaker did not relate these two cases for any bearing they may have upon the safety of ligation of the external carotid artery, since that question had long been settled. But the reason for narrating these two cases was to bring before the Association a consideration of the inflammatory changes which occur in arteries which have been ligated, and to discuss at length the best methods to pursue in these operations to secure the greatest safety to the patient.

In tying arteries, an important point to consider is the selection of a ligature. It seems to the author, that in the animal ligatures, and especially in well prepared and properly aseptized catgut is found the best ligature material. For the last ten years he had used catgut almost without exception, only once or twice using silk, and then in the ligation of the large venous trunk close to the root of the neck, in which he was fearful that the animal ligature might slip from the blood pressure in the act of vomiting, as the patients came out from under the influence of the anæsthetic.

Porta, in four hundred experiments, found that in from one to two years, seventy per cent. of catgut ligature had become absorbed; thirty-six per cent. of silk; sixty-six per cent. of hemp or flax, and twenty per cent. of horse hair. Order of rapidity, cat gut, hemp, silk, horse hair.

SIMULTANEOUS APPEARANCE OF CANCER IN BREAST AND UTERUS.

This paper was read by Dr. James Evans, of Florence, S. C. The subject of this interesting manifestation of the disease was a lady of fifty-three years of age, married, and the mother of six children. A striking peculiarity in the history of the case was, that when the disease was most active and destructive in the breast, it rather checked and retarded its tendency in this direction in the uterus.

Excision of the cervix and removal of the breast were proposed, but declined.

The author closed by saying that, although there is a very general concensus among surgeons that the most successful treatment of cancer affecting the breast and uterus is early and radical removal by the knife, yet it is doubtful, in the opinion of the author, if operation is advisable when the disease appears in multiple form and in distant organs. When the disease is confined solely to the uterus, and recognized at an early stage of its invasion, the prompt removal of the organ is usually followed by permanent recovery; in fact, recurrence less often takes place than removal from any other organ or part of the body.

Dr. W. E. Parker, of New Orleans, reported seven cases of varicocele treated by incision, ligation and shortening of the scrotum. An incision, varying in length according to the size of the varicocele is made, and the scrotum shortened by converting the

wound from a longitudinal to a transverse one. All cases recovered with union by first intention, and are still doing well, the period since the first operation being seven months. At the conclusion, he laid down the following general indications for the treatment of varicocele. The milder forms should be treated with a suspensory bandage, with proper attention to diet, exercise and bowels. A varicocele should be operated upon: (1) If it is of large size. (2) If it is painful. (3) If marked nervous symptoms be present. (4) If the testicle is atrophying. (5) If the varicocele is increasing rapidly. (6) If it is an obstacle to entering a public service. (7) If, on account of a patient's occupation, a suspensory is troublesome, and he desires an operation.

Dr. Rufus B. Hall, of Cincinnati, Ohio, read a paper entitled
FIBROID TUMOR OF THE UTERUS, WITH SUPPURATING OVARY DIS-
CHARGING PER RECTUM.

As a preface to his report, Dr. Hall said the subject of operative treatment for fibroid tumor of the uterus, is one in which the keenest interest is manifested by men engaged in abdominal surgery. The main points in the technique of the operation have been practically settled, but certain minor details in operative procedure are capable of improvement. Complications occasionally arise, which tax to the utmost the skill of the operator.

The following case was reported in detail, as illustrating a number of these complications: The patient, aged 44, was known to have a fibroid tumor of five years. She had suffered from sepsis for five weeks previous to the operation. In addition to the fibroid tumor was a large suppurating ovary, holding about two pints of pus, which was discharged per rectum every eight or ten days. The suppurating ovary was densely adherent, and after its removal disclosed a large opening in the rectum. The operation included total extirpation of the fibroid uterus with the suppurating ovary, and repair of the intestinal rent. There was no leakage of the injured bowel after the operation. The patient recovered.

The doctor drew the following conclusions: The question of operation during sepsis is one that will admit of discussion both pro and con, but in the end it must be decided by the merits of the individual case, and not by rule. As to technique, total extirpation was given the preference, as it gives the ideal condition, both theoretically and practically, for after treatment. The Baer

method was condemned, as it does not give thorough drainage—a thing absolutely necessary where there are extensive raw surfaces which have been bathed in pus, and no peritoneum to close off the general peritoneal cavity. The strengthening of the suture line with a tag of adventitious tissue was advised. The packing of the pelvis with gauze, to protect the cavity from intestinal leakage, should any occur, and to prevent intestinal adhesions, was recommended. The gauze is usually removed on the fourth day, and peroxide of hydrogen used as a wash for the cavity several times daily.

Again, forcible dilatation of the sphincter ani muscle to cause incontinence, thus relieving the intra-intestinal pressure from accumulating gases, the doctor says, adds greatly to the chances for recovery. He first employed it for this purpose on February 6th, 1893, in an operation for extra-uterine pregnancy with extensive bowel injury, the patient recovering. He says, so far as he knows, he is the first man to practice forcible dilatation for this purpose.

Dr. J. G. Earnest, of Atlanta, Ga., contributed a short paper, in which he reported some complicated cases of pelvic surgery. Two cases were detailed, simply to illustrate a method of treatment that, under certain circumstances, is safer for the patient, and just as apt to give relief of symptoms as total extirpation of the tumor; also, to emphasize a growing conviction the author has, that intestinal adhesions are frequently tinkered with, when it would be best to let them alone. The essayist was no advocate of timid or imperfect surgery, but in cases where the tumor can be effectually dealt with, without disturbing old, thoroughly organized adhesions, which the history and condition of the patient clearly show to be harmless; and in view of the fact that, if those adhesions are loosened, they will almost certainly anchor at some other point, where they may be a source of constant annoyance, or even produce a fatal obstruction of the bowel, he believes it best to leave them undisturbed.

THE REMOVAL OF AN INTRA-UTERINE FIBROID TUMOR BY MORCELLEMENT WITHOUT HEMORRHAGE.

Dr. Herbert M. Nash, of Norfolk, Va., read a short paper on this subject.

In September, 1892, he saw in consultation Mrs. A., aged about 42 years, the subject of intractable hemorrhages from the uterus,

lasting from two to three weeks of each month, and which had been habitual for several years. The uterus could be plainly felt above the pubes, and by the conjoined method, sound, and so forth, the diagnosis of intra urine fibroid was made. Not wishing at that time any radical procedure, she continued under the care of her physician, whose best efforts to control the hemorrhage proved fruitless. On the 11th of July, 1893, she entered the hospital for surgical treatment.

On the 26th of August, the essayist operated under ether. It was found quite impossible to dilate the os to the extent desired, but there was room enough for manipulation without dividing the cervix, and no difficulty was found in seizing the presenting mass—the attachment of which to the uterine walls had been made out to be sessile—with a strong vulsellum. Upon making traction with some force, in order to determine the best method of procedure, the tissue gave way, and the withdrawn part of the detached mass was quite large, but no bleeding followed. This fact decided the doctor to proceed by morcellement, and with the forceps, scissors, and the instrument he exhibited; the whole growth was removed piecemeal, and with only a slightly colored serous discharge. The previous packing had been so effectual that the growth itself, and indeed the uterine walls, appeared to have been exsanguinated. The fragments removed, when under strong compression, presented a mass of fibroid tissue nearly as large as an ordinary cocoanut. When the patient left the hospital, the uterus had contracted firmly, and measured a fraction over three and one-half inches in depth, occupied its proper position in the pelvis, and the patient is to-day entirely well, with perfectly normal functions.

The following officers were elected:

President—Dr. Louis McLane Tiffany, of Baltimore, Md.

First Vice-President—Dr. Ernest S. Lewis, of New Orleans, La.

Second Vice-President—Dr. Manning Simons, of Charleston, S. C.

Treasurer—Dr. Richard Douglas, of Nashville, Tenn.

Secretary—Dr. W. E. B. Davis, of Birmingham, Ala.

After introducing and adopting resolutions of thanks, the Association adjourned to meet in the City of Washington, D. C., the second Tuesday in November, 1895.

Editorial Department.

Jno. C. LeGrand, M. D., Editor and Publisher.

COLLABORATORS:

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John Brownrigg, M. D., Columbus, Miss.

J. B. S. Holmes, M. D., Atlanta, Ga.

Geo. H. Noble, M. D., Atlanta, Ga.

Dr. Inge's Case of Diphtheria.

Noticing quite an interesting report, in the *Mobile Register*, of a case of diphtheria treated by Dr. Inge, of Mobile, with *Anti-toxin*, we wrote our correspondent of that city to give us a report of the case for THE AGE. The following is a report of the case which he had prepared for this journal :

“ The patient, female, aet. 5½ years, recently from Chicago, was taken sick Dec. 19th, with all the prominent symptoms of diphtheria. On the evening of Dec. 19th, a false membrane, the size of a dime, was seen on the right tonsil. Dec. 20, 9:30 a. m., membrane on the left tonsil and soft palate, labored breathing. Dec. 21, all the posterior portion of pharynx covered with membrane, dyspnoea prominent, temperature 104° F., pulse 130. Dec. 22, symptoms aggravated. Dec. 23, 10 a. m., no change for the better ; 9 p. m., same day, life despaired of because temperature fell to 97° F.,

pulse 145, great dyspnœa, cold extremities and head bathed in cold perspiration, the patient completely unconscious. Dec. 24, anti-toxin arrived, and M.XL. hypodermically were given at 10:30 a. m., pulse 130 ; at 3 p. m., pulse 120, temperature 100, no change noticed in the membrane, feet and hands had warmed up. Dec. 25, 8 a. m., temperature 102° F., pulse 120, membrane grayish and disappearing on right tonsil ; at 4:30 p. m., same day, M. L. of anti-toxin were given hypodermatically, the membrane and dyspnœa had entirely disappeared, temperature 100, the patient decidedly better. Dec. 26, 9 a. m., temperature normal, pulse 100, a rash not unlike urticaria appeared on face, neck and back, no bad symptoms, patient feeling well ; 4 p. m., same day, patient out of all danger, rash over all of the body. Dec. 28, rash entirely disappeared, except on legs ; patient discharged.

“ All the usual methods of treatment had been resorted to up to Dec. 24, when ‘anti-toxin’ was introduced, and used exclusively. While the membrane was not examined with the microscope and the ‘Klebs-Löffler’ bacillus demonstrated to be present, no one who saw the case would doubt it was diphtheria.”

While we do not question the ability of the gentlemen who saw this case to make a correct diagnosis, yet, with the facilities at hand (in the city of Mobile), we are inclined to the opinion that all possible doubt could have been removed, had this membrane been submitted to a microscopical examination.—ED.

A Tag Criticism of Doctors.

The American Lancet, for January, contains the following editorial :

A certain daily newspaper recently offered the following characterization of doctors :

1. They are intolerant of criticism or contradiction.
2. They are unwilling to acknowledge each other's gifts.
3. They think they know it all.
4. With advancing years, this dogmatism and intolerance increase so that they do not hesitate to designate as a knave, a fool, or a clown, any one who ventures to differ from them in matters professional or otherwise.
5. They utter most absurd statements in defense of their professional pride.
6. Lastly, the average doctor needs especial training to bring him into the category of a true gentleman.

With reference to these sweeping charges, it may be said that the large-minded physician is always ready to acknowledge the ability and skill of his rival, and of all other physicians. Their good deeds and their model life he is ever ready to commend. To the laity he never speaks of the faults and frailties of the members of his guild. Such criticisms as occur to him he presents to the individual himself, or his intimate friends, in the hope of inducing a correction of the same, and so an ennoblement of the profession. Such a physician is ever modest, self-contained, ready to learn from every source that which may aid in his studies or his work. He has tact. While it is needful that he hold with a firm rein the interests committed to his charge, he does it so deftly as to excite deference to his wishes rather than rebellion. He does not go about with a "chip" on his shoulder seeking a quarrel with the first individual who differs from him. Rather, he goes about as the friend

and helper of all who seek his aid in any emergency. His manner and his life are free from just those things which, in the foregoing citation, are laid to the charge of the medical profession.

But we are bound in all honesty to admit that those physicians who are most apt to be seen by newspaper men are but too often innocent of the training of educated gentlemen, however able they may be as physicians. The newspaper man knows them, as they look to him for free advertising. They wear out their shoes visiting the reporter's quarters. They ventilate their views before the public on all occasions, whether they have any adequate knowledge of the topic or not. Having bullied helpless sick people, ignorant withal, they think the same tactics adequate for their dealings with other people.

It is hard to find a general remedy for this evil—this discredit to the profession. The sifting process must begin early—the earlier the better. All that the profession can do in this direction is to guard against cheap diplomas by securing a preliminary requirement of college training; and further, to use such quiet and persistent moral means as may be at command to convert their erring brothers to better ways of thinking.

FOR SALE.—I offer for sale my practice, together with my Drug Store, consisting of a full line of drugs, sundries and fixtures complete, in Jacksonville, Ala., a town of about 1,500 inhabitants, with good surrounding country, churches of all denominations, a splendid school (State Normal), two railroads.

For terms and particulars, apply to

DR. JNO. M. CROOK,
Jacksonville, Ala.

A WORD FOR SOME OF THE PREPARATIONS ADVERTISED
IN THIS JOURNAL.

IF YOU want one of the best elastic trusses, write G. W. Flavell & Bro., No. 1005 Spring Garden Street, Philadelphia.

WE ASK special attention to the advertisement, in this issue of *THE AGE*, of C. F. Bœhringer & Sohne, of 7 Cedar Street, New York.

SCOTT'S EMULSION, prepared by Scott & Bowne, of New York, continues to have the endorsement of the medical profession, as it is one of the most reliable emulsions made.

FAIRCHILD BROS. & FOSTER, one of the largest and one of the most favorably known houses in the country, have renewed their page ad. with *THE AGE* for 1895. See fourth cover page.

WE CALL special attention to the change in the advertisement of the Columbia Chemical Co., Washington D. C. We will have something to say of their splendid S. S. preparations in a future issue.

VIN MARIANI continues to be prescribed by the best physicians in the country. As a mild stimulant, a diffusible tonic, a strengthener of the nervous system, in convalescent and enfeebled conditions, Vin Mariani is one of the best remedies.

THE TILDEN CO., of New Lebanon, N. Y., whose advertisement has appeared in *THE AGE* during the past year, is fast gaining favor with the medical profession of this section of the country, on account of the excellency of their preparations.

SEE change in the advertisement of Messrs. Sharp & Dohme. This is one of the largest and most reliable pharmaceutical establishments in the country, and they appreciate THE AGE and the medical profession of this section ; hence, attention is called to their page advertisement.

CHARLES N. CRITTENTON CO., 115 Fulton Street, New York City, call attention to some of their preparations in this issue of THE AGE. This house has been a continuous patron of this journal for a number of years, and it gives us special pleasure to note the popularity of their products.

THE NEW YORK PHARMACAL ASSOCIATION, of Yonkers, N. Y., keep their preparations before the profession. This house and its products are too well known for us to attempt any comment. Their preparations can be found in any leading drug store of the country, and physicians will always find them reliable.

DR. JULIUS FEHR, of Hoboken, N. Y., is one of the oldest and most distinguished pharmacists in this country, and his Compound Talcum Baby Powder, which is advertised in THE AGE, and in all the leading medical and pharmaceutical journals of this country, is justly entitled to the endorsement which it has received by the medical profession.

ARMOUR & CO., of Chicago, one of the best and most favorably known pharmaceutical houses in the West, ask the attention of our readers to their splendid preparations. The general good results which physicians have had in prescribing A. & Co.'s preparations are sufficient evidence of their superiority over many other preparations of the kind. Read their ad.

THE VIRGINIA PHARMACAL CO., of Richmond, Va., call attention to one of their excellent preparations in this issue of THE AGE, "Liquor Uterans." This house has gained an enviable reputation during the past few years, and their preparations are being prescribed by the medical profession all over the country.

THE GLOBE NEBULIZER.—We call the special attention of our readers to this spraying apparatus, advertised in this issue of THE AGE. It is manufactured by The Globe Manufacturing Co., No. 58 Grant Street, Battle Creek, Mich. Since the advertisement appeared in THE AGE, the Nebulizer has been tested, and we find it to be all that is claimed for it.

McKESSON & ROBBINS, of New York, have a page ad. in this issue of THE AGE, to which we ask the special attention of our readers. McKesson & Robbins' is one of the pharmaceutical houses of New York which has attained an enviable reputation in their special line, because of the high merit which is placed on their preparations by the medical profession of the country. Their plan is to let nothing leave their laboratory but the best.

HELIONIA TABLETS.—These tablets are prepared by the North Chemical Co., of Peoria, Ill., and can be had at any wholesale drug store, or by applying to the Company at Peoria, or No. 30 Platt St., New York City. For the treatment of cervicitis, perimetritis, and all cases of this kind, these tablets will be found to be one of the very best remedies, and any physician who will give them a fair trial, in cases indicated, will be gratified with results. Try them.

CHAS. ROSME PARMALE CO., successors to E. M. Johnson Co., offer, for the consideration of the medical

profession, a very important preparation, and our dealings with Mr. Parmale, the president of this company, leads us at once to the conclusion that this house is certain to achieve great success, and that their preparations will bear the closest and most critical investigation, and will give much satisfaction in the treatment of diseases for which they are specially indicated.

TO BREAK UP A COLD.—It is said that a "cold" is a filth disease. Then get rid of the filth; not by eating heartily, and thus feeding the flames, but rather by dieting for a few hours. Take a hot foot bath at bed time; or, if in robust health, a hot general bath. Take a saline cathartic, a seidlitz powder, or a dose of Hunyadi water. Drink a bowl of hot lemonade and go to bed. Then begin to take Antikamnia, Quinine and Salol Tablets, composed of Antikamnia 2 grains, Quinine Sulphate 2 grains, and Salol 1 grain. The aches and pains will disappear; the fever will subside, and you will save days of suffering.

W. H. CUNNINGHAM, M. D., Butler, Ala., on Nov. 15th, writes: "I have been using 'Papine' for about a year. It is not only retained in the most irritable conditions of the stomach, but will also control nausea and vomiting with more certainty than any other remedy. Even in acute gastritis it controls the vomiting better than morphine hyodermically. A number of ladies in my practice cannot take morphia, on account of nauseating after effects. The 'Papine' has *never*, in a *single instance*, produced any unpleasantness. As an anodyne for children (from two months up) it is simply inimitable. Permit me—without solicitation—to express to you my thanks for the production of a remedy so useful, and in many instances absolutely indispensable."

FOOD IN INFANCY.—Looking at the analyses of milk, it would seem that a small addition of water to cow's milk brings it down to human milk, while some contend for a small addition of sugar. Nor need necessarily the sugar be cane sugar; a little maltose sugar is easily procurable, as in Mellin's Food, for instance. The advantage of maltose sugar, in whatever form, to the milk is, that maltose sugar rather undergoes lactic acid fermentation, while cane sugar undergoes acetous fermentation—and acetic acid is far more irritant than lactic acid, whether free or in combination with a base.—*Manual of Dietetics*, by J. Milner Fothergill, M. D.

ONE of the most frequent forms of debility is that including a deficient secretion of digestive ferments, and more particularly of the starch-converting ferment. In these cases, it is not sufficient to treat the patient for the primary cause of the debility alone, but the distressing symptoms must also be looked after at the same time, and the use of some preparation rich in diastase will frequently not only give temporary relief by supplying the missing ferment, but be of great systemic value by causing the assimilation of needed nutriment. Since Tarrant's Hoff's Malt is frequently indicated in such cases, it would seem that a remedy so rich in diastase would prove of much therapeutic value.

ARISTOL IN CANCER OF THE STOMACH.—Dr. Henri Huchard (*Journal des Practiciens*, 1894; *Journal of The Medical Sciences*, Dec. 1894) uses Sodium Chlorate in daily amounts of from 150 to 180 grains, dissolved in from 5 to 7 ounces of water, not as one, but in divided doses, so that a continuous topical action may be maintained, not only upon the tumor, but also upon the gastric mucous membrane. If the larger dose is surpassed, symptoms of gastric irritation supervene and vomiting,

and the remedy can no longer be borne. To definitely state if this be a curative agent, many years of observation are needed; it can, however, be definitely stated that sodium chlorate, in large doses, has a favorable action upon functional disturbances of the stomach. It increases the appetite, diminishes pain, makes the vomiting of food to disappear, and causes the hæmatemesis to cease. Aristol has been found to be inferior to sodium chlorate, but is useful, if the stage of ulceration has been reached, because it appears to possess local action in the digestive canal when given in pill form, in doses of three or four, of one and one-half grains each daily. These remedies should be used at least, because they relieve the functional disturbances.

I RECEIVED, in due time and in good order, a sample of your Pineoline (Walker). My special reason for wishing to test its virtues was in a case of obstinate mucus irritation of the urethral tract. I have given Pineoline a fair trial in a case by lubricating the catheter when used. The unirritating and healing effects of the medicine had the desired effect, for which I am greatly pleased. I have used it in irritating skin diseases and found its action decidedly satisfactory. Your Pineoline must take a front rank in the treatment of those diseases for which it is recommended.

J. P. COWLES, M. D., Hartford, Conn.
To the Walker Pharmacal Co., St. Louis, Mo.

In painful menstruation not due to mechanical obstruction, and many of the chronic and acute forms of uterine diseases, an eighteen years' experience leads the writer to say, that there is no remedy known to him which has so potent a power for good as has Hayden's Viburnum Compound. Perseveringly taken in from one-half to one teaspoonful, well diluted with *hot water*,

three times a day during the entire menopause, will rob the change of life of its terrors. We have seen the nervous irritation so persistent, aggravating and distressing, completely relieved, the periodical flooding abated and controlled, the insomnia cured, till the poor creature, who came to us almost demented, was loud in her praises of our skill, because she had been relieved entirely of all the bad symptoms of her case. We have noted this effect repeatedly on a great number of cases, and with unvarying success.—W. C. Wile, A. M., M. D., in *New England Medical Monthly* for November.

HABITUAL MISCARRIAGE.—M. D. Makuna, M. R. C. S. Eng. Lic. Med. University, Bombay, 1876, Trebeebut, Rhondda Valley, South Wales, says: "I have much pleasure in expressing my satisfaction with the results I have obtained by the use of Aletris Cordial. One of my patients, who had miscarried three times previously, took Aletris Cordial during the last three months of pregnancy, and was delivered of a fine, healthy boy. I ordered it at her own solicitation, as she expressed so much ease and comfort after the use of the first bottle. I am now giving it to two more patients, who have miscarried several times before, and I am in hopes of good results. I consider it a valuable addition to the Pharmacopœia, on account of its anti-spasmodic and nerve-tonic proportions, and I should not like to go without it."

IN a paper by Dr. Reynold W. Wilcox, on "Cod Liver Oil; What Is It?" he says of the preparation of Parke, Davis & Co.: "During the past few months I have used, with great satisfaction, the Improved Lofoton Cod Liver Oil made by Parke, Davis & Company, which is simply an oil obtained on the site of the fisheries from

the livers of the fish at the time they are taken from the water. The process of manufacture is carefully carried out, so that absolute cleanliness and freshness of the material shall be secured, and that no decomposition shall take place. The disagreeable odor and flavor is removed, but no constituent important for its use as a food is taken out. Specimens kept for months have as yet shown no change. The problem seems to be solved. A food, to be of its highest usefulness, must be palatable; the most weighty objection is now done away with."

JUSTICE.—In this day and age of poly-pharmacy, the vast number of new remedies, preparations, and combinations, together with the endless demands made upon the physician for recognition and patronage, none realizes more fully than the wide-awake pharmacist, that the ultimate solution of the whole problem must be "the survival of the fittest." Whilst the experimental, or trial, stage of the Three Chlorides and Henry's Tri-Iodides is past, and they have become *positive* and *well known quantities*, we fully realize the danger with which anything of sterling worth is surrounded, in drawing the fire of less meritorious preparations, shams, and frauds; and it becomes necessary that we, and still more that the physician, in self-protection, look well into it that they get what they want by specifying R. & H. Elixir Three Chlorides is well known, has earned a name for itself, and will, when intelligently prescribed, yield satisfactory results. In the combinations of Henry's Tri-Iodides, they offer nothing new in the way of *new* remedies, but as a pharmaceutical triumph in the method of associating and combining some of the most efficient and well known remedies, those who are practically acquainted with it, attest in no uncertain language.

HAVE ALWAYS GIVEN SATISFACTION.—*Peacock Chemical Co., St. Louis, Mo.:* Gentlemen—I need scarcely repeat what I have said to you personally, that my faith in the integrity of your firm, and confidence in the selected purity of your valuable combinations, gives me full faith in their therapeutic efficacy for all conditions where bromide compounds are indicated. My personal trials of Peacock's Bromides have always given satisfaction. It is a good thing for the profession that you have undertaken to give them guaranteed purity in these therapeutic agencies. The profession may rely upon you with confidence. C. H. HUGHES, M. D.,
President of Faculty, Barnes Med. Col., St. Louis, Mo.

PHYSICIANS are using the Capsules prepared by the Hall Capsule Co., of Cincinnati, in their gynecological work, and are pleased with them. Dr. Lybolt, of New York, says of this capsule: "During the past year I have made an extensive use of Anderson's Vaginal Capsules in the treatment of various forms of uterine and vaginal disease. Formerly, I was obliged to make applications of absorbent cotton through the speculum, which required personal attention on my part every day or two. The use of these capsules (by means of which we secure the prolonged action of any desired medication) has proved a saving of time to myself and expense to those who could ill afford it. They are especially serviceable where the physician cannot, for any reason, see his patient sufficiently often, as she can readily prepare and introduce them herself. In short, the Anderson Capsule is cleanly, convenient and effective."

PHYSICIANS who desire to obtain the latest information on Kola should write Frederick Stearns & Co., of Detroit, Mich., for a copy of their monograph on Kola. It is a handsome little volume of eighty pages, profuse-

ly illustrated with original photographic plates of the leaves, fruits and nuts of the kola, and microscopic slides showing the alkaloids obtained from the kola nut, in crystalline form. In the monograph the pharmacognosy of kola is ably treated by Prof. J. O. Schlotterbeck, of the University of Michigan, who from many sources has compiled a vast fund of interesting information descriptive of the kola nut, its names and synonyms, habitat, history, botany, cultivation, collection and transportation, native uses, substitutions and adulterations, and chemistry, besides introducing many narratives from old authorities relative to the marvelous powers attributed to it by the natives and travelers in Africa. Its physiological and therapeutic action is described by F. E. Stewart, M. D., who presents a study of the active constituents of kola, and details the effects produced by the administration of kola as a remedy in neurasthenia, nervous affections, cardiac affections, alcoholism, and seasickness. Kola is not a drug of recent introduction, for it has been used in this country since 1881, but the main reason why it has not heretofore received the attention it deserves, as a valuable cerebrospinal stimulant, is, that in past years it has invariably been imported in a dried condition, and recent investigations have conclusively demonstrated that the Glucoside kolarin, which is a principle peculiar to the kola nut, is mostly decomposed into caffeine in the process of drying. Hence the dried nuts do not possess the same activity as the fresh nuts. Physicians desiring to obtain samples of the fresh (undried) kola nuts for planting, or for making clinical experiments, may obtain them from F. Stearns & Co., who are the sole importers of the fresh (undried) kola nuts from Africa, and the original introducers of kola to commerce in the United States.

USE ONLY THE GENUINE SUCCUS ALTERANS.—Frank McDonald, M. D., (College Physicians and Surgeons, Baltimore, Md., 1883, Supreme Medical Director W. S. of I. O. U. A., Medical Examiner Equitable Life of N. Y., Sec'y Pittsburg Obstetrical Society, etc.) says: "Your 'Succus Alterans' gives me perfect results. I prescribe it almost daily, and have never failed to obtain the effect sought. I regard it a specific for syphilis in all stages. Imitations, which I have been induced to try occasionally, have always failed. Such failures have only served to confirm my confidence in the genuine 'Succus Alterans.' I can pay no greater tribute to an article so worthy and so meritorious than to say, it is the very best and safest alterative known to the profession."

A GENTLE LAXATIVE.—The profession, as well as the public, have long appreciated the importance of a simple laxative. Time out of mind, remedies have been in every-day use in the home for this purpose, but it remained for the California Fig Syrup Company to furnish a pleasant, potent, perfect laxative, safe to be used in the home of members of the family of all ages. The Company has frankly informed the medical profession, that the chief laxative ingredient of their compound is senna, so treated that all tendency on its part to gripe and produce irritation, and subsequent debility in the bowels, is removed. The chief feature claimed by the Company for their Syrup of Figs is the fact, that the component parts of the product have all disagreeable taste disguised by a mingling of aromatic carminatives in such a way as to make it really pleasant to the taste; and these aromatics at the same time overcome all disposition upon the part of the drug to pain and discomfort; and, carrying as it does the stamp of the

company's responsibility, it is always reliable and uniform in its effects. It is conceded by every practical physician, that a family laxative is one of the few medicinal agents which they will entrust to family use, and surely anything which will tend to assist in the relief of that *bete noir* of child and adult life, constipation, is a helper in the direction of general healthfulness. The medical profession has not only consented to the use, upon the part of the families under their care, of Syrup of Figs, but when desiring to order gentle purgatives and simple laxatives they cheerfully specify in their prescriptions the product referred to; and the wonderful success of this gentle family laxative is largely owing to its universal use by the medical profession.—*Medical Mirror.*

PASKOLA.—“*Fiat Justitia ; ruat coelum.*” For the enlightenment of our antique readers, whose Latin may be rusty, we would say that this means that justice should be done to everything and everybody, no matter what may be the consequences; and it is not always that the consequences are insignificant to him who tells the truth. Some few years ago this journal undertook the task of impartially examining, and fearlessly reporting, upon the various articles offered for sale to the public. It was an extremely valuable and interesting work, but it was soon found that these reports were so misused and misconstrued to serve the commercial interests of those interested therein, and the editor found himself so constantly misunderstood (as is usually the case when a man starts out to tell the truth, regardless of whose toes he may be treading upon), that this work of immense value was abandoned. Among honest, thoughtful persons, at the time referred to, the journal earned the reputation of being absolutely truthful and incapa-

ble of purchase in the preparation and presentation of these reports. They were elaborately prepared (always without any knowledge on the part of the manufacturer that his goods were being examined) and published fearlessly. It has now been some years since these reports were discontinued, and during this time the journal has repeatedly refused to publish commendatory notices that have been asked for by advertising patrons of the journal. Since its inception, the editor has always maintained that so-called "reading notices," so common in medical journals, not only disfigure the pages of the journal itself, but do no good to the parties so advertised, since the purpose for which the notice has been published is so manifestly transparent. Hence he has persistently refused to publish commendations of any article of the merits of which he was not personally cognizant. He has not been asked to defend Paskola from what is said to be an unjust attack upon its merits by manufacturers of rival goods. The details of this commercial warfare we are in ignorance of, and care nothing about. Ever since its introduction the editor of this journal has been using Paskola in his practice, and is still doing so, because he has found it to be the best and most readily assimilable flesh-producing article that has yet come to his notice. He has found it to be what he believes it is claimed to be—namely, a predigested vegetable food, most acceptable to the most delicate stomach, and when given in connection with one of the peptones, forming an ideal combination in those conditions of general exhaustion wherein the debilitated stomach seems unequal to the digestion of ordinary food. We have only one fault to find with Paskola, and this fault we do find with all predigested foods, and that is, their presentation to the public for use without professional advice. The doctrine of evolution reminds us

that nature does not tolerate any useless parts, and that use is the absolutely necessary condition for the survival and continuance of any person or part of a person. The stomach is no exception to this rule, and it is with a feeling of general anxiety that we find predigested articles of food offered to the public. The very torpor and inactivity of this organ, which must result, will, we fear, have a tendency to gradually evolve this most important organ into a lesser and still more less condition of functional power. We are quite confident, that if anything derogatory to Paskola has been said or published, that such has been done unjustly and from unworthy motives, and we say this because of practical experience with this article.—*Annals of Hygiene.*

DR. D. W. WHITTAKER, representing the Renz & Henry Pharmaceutical Co., of Louisville, is visiting the doctors of Alabama in the interest of the above house. Dr. Whittaker is a faithful and energetic worker, a courteous and intelligent gentleman, and knows the art of how to get close up to the doctors. It is fair to say, however, that he represents one of the best houses in the country, and the three Chlorides and Tri-Iodides are among the most popular remedial agents which the physicians prescribe.

THE fear of contagion is extending. From the communion cup it has overtaken the hand-shake. Anti-hand-shaking societies for the prevention of contagion are now in order.—*Ex.*

LOUISVILLE physicians are now required to pay a municipal tax of ten dollars to practice their profession, wait on the poor gratis, etc., in that city of Southern chivalry.—*Ex.*

Editorial and Miscellaneous Notes.

WE call attention to the card of Dr. C. Travis Drennen, of Hot Springs. The doctor has located in Hot Springs, where he will give special attention to Genito-Urinary diseases.

THE *Buffalo Medical Journal* thinks that the Mississippi Valley Medical Association is attaining a degree of excellence, of both quantity and quality, that challenges the American Medical Association.

WE are under many obligations to the editor (Dr. Augustus McShane) of that excellent contemporary, the *New Orleans Medical and Surgical Journal*, and also the business manager, Mr. Smith, for special courtesies shown us in our issue of December.

AT a recent meeting of the Mobile County Medical Society, the following officers were elected for the year 1895: President, Dr. V. P. Gaines; Vice-President, Dr. W. H. Sledge; Secretary, Dr. R. H. Peters; Treasurer, Dr. J. G. Thomas; Librarian, Dr. S. S. Pugh; County Health Officer, Dr. P. J. M. Acker; Member Board Censors, Dr. G. Owen.

MONTGOMERY MEDICAL SOCIETY elected the following officers for the year 1895: Robert S. Hill, M. D., President. Benj. R. Pearson, M. D., Vice-President; Geo. Platt Waller, M. D., Secretary; Jno. H. Henry, M. D., Treasurer; Board of Censors—Jno. B. Gaston, M. D., Richard F. Michel, M. D., S. D. Seelye, M. D., L. L. Hill, M. D., J. R. Jordan, M. D.

AT a meeting of the Medical Society of Calhoun County, held in the city of Anniston, the 15th inst., the

following officers were elected: Dr. J. F. M. Davis, President; Dr. W. A. Smith, Vice-President; Dr. W. B. Arbery, Secretary; Dr. E. C. Anderson, Treasurer; Board of Censors—Dr. John M. Whiteside, Dr. W. B. Arbery, Dr. W. J. Warren, Dr. Jno. C. LeGrand, Dr. T. W. Ayers.

OFFICERS Jackson County Medical Society for 1895: President, W. C. Maples, M. D.; Vice-President, A. N. Blakemore, M. D.; Secretary, Andrew Boyd, M. D.; Treasurer, W. C. Maples, M. D.; Censor, E. R. Smith, M. D. Society meets every month. Essayists appointed to read papers for February, Drs. B. E. Graham, Andrew Boyd, W. C. Sanders; for March, Drs. E. K. Moon, W. L. McClendon, J. W. Boggess.

DRS. J. D. S. & W. E. B. DAVIS, of Birmingham, have about completed their new, commodious Infirmary, and will move into it about the first of February. These gentlemen are to be congratulated for their successful work in their chosen specialty. By persistent effort, coupled with their splendid abilities, they have succeeded in establishing for themselves, in the city of Birmingham, a lucrative practice, as well as a reputation in the medical profession.

MANY members of the class of 1879, Jefferson Medical College of Philadelphia, are desirous of having a class reunion on the occasion of the fifteenth anniversary of their graduation. Owing to changes, comparatively few addresses are known, and therefore this means is resorted to, with the hope that every member of the class of 1879 who reads this notice will communicate at once with their class president, Dr. Philip R. Koons, Mechanicsburg, Cumberland Co., Pennsylvania.

Book Notices.

SAUNDERS' QUESTION COMPENDS, No. 24. Essentials of Dis-eases of the Ear, arranged in the form of Questions and Answers, prepared especially for Students of Medicine and Post-Graduate Students. By E. B. Gleason, S. B., M. D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia; Surgeon in Charge of the Nose, Throat and Ear Department of the Northern Dispensary, Philadelphia. Published by W. B. Saunders, 925 Walnut street, Philadelphia.

This little book, of about 150 pages, with 89 illustrations, is the book to purchase, if you desire to learn or refresh your memory on diseases of the ear. Its novel mode of teaching, in asking questions, is quite anticipative and suggestive, in that it points out what a physician needs to learn, and then teaches it to him. Brief, accurate and lucid, and withal up to date, it will fill a useful place.

The style of the work reflects credit on the publishers.

A SYSTEM OF LEGAL MEDICINE. By Allan McLane Hamilton, M. D., Consulting Physician to the Insane Asylums of New York City, etc., etc., and Lawrence Godkin, Esq., of the New York Bar, with twenty-seven collaborators. Illustrated. Volume I—large 8vo. pages, 657. Price per volume—Cloth \$5.50, full sheep \$6.50. New York, E. B. Treat, 5 Cooper Union, 1894.

Forensic Medicine, only a few years back, was treated by students in medicine, and our Medical Colleges as well, as a supernumerary appendage; but that false idea perforce, and justly, has been relegated to the rear, and this branch stands boldly apace with the other essentials. The author at once grasps the above idea, and proceeds in a most teachable manner to make such amendments as forcibly impress the great importance of a thorough mastery of the subject. The Introductory is well calculated to stimulate, arouse and enthuse

every physician with that degree of fraternal pride which should characterize every one who has espoused the beloved profession. The proper study of this book not only prepares a physician to go into the courts and reflect credit upon himself and his profession, but it guides him to the rightful, righteous and satisfactory discharge of his duties as a scientific physician. On the other hand, to ignore and neglect this great factor in our medical upbuilding means recreancy to duty and a laggard in purpose, and, sooner or later, will surely bring personal blush and chagrin, and a taint and taunt of general inefficiency. Time and past complications have taught the author what was needful to bring order out of chaos, and having culled over all important written information, he fills the hiatus with assayed innovations, teeming with solid facts, thereby making it pre-eminently up to date as a No. 1 authority, and unexcelled text book on medical jurisprudence, so far as this first volume extends.

The mechanical execution is deserving of special notice, the illustrations are well selected and splendidly engraved, adding very much to the plainness and perfection of the work.

Vol. II will soon be issued. Sold only by subscription.

LECTURES ON AUTO-INTOXICATION IN DISEASE, or Self-Poisoning of the Individual. By Ch Bouchard, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a Preface, by Thomas Oliver, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; and Examiner in Physiology, Conjoint Board of England. In one Octavo volume; 302 pages. Extra Cloth, \$1.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

By all means, let every physician purchase a copy of this work. It reads like romance, yet all its researches

are backed by scientific data. It teaches hygiene with a whirl, and for self-preservation every person, both lay and medical, ought to read and observe its teachings. It treats of the intestinal tract as a chemical laboratory with wars and rumors of wars (so to speak) going on with constant engagement, with ptomaines and toxins, each slashing impetuously for the survival of the fittest to the sure detriment in the end of the human organism. Etiology and therapeutics are potently stressed, and he who reads is sure to understand and profit by its teachings.

THE POCKET ANATOMIST. By C. Henri Leonard, A. M., M. D., Prof. of Gynæcology Detroit College of Medicine. Leather, 300 pages, 193 illustrations, post-paid \$1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This is the 18th edition of this popular pocket Anatomy. It is a complete dissecting-room companion, replete with all essential information concerning the make-up of the human body. It is Gray's Anatomy in miniature, together with other specially selected improvements from other authors. Its teachings are of a plain, easy and effectual style, both diagrammatically and by well chosen and concise diction. It has and will continue to serve its sphere well, both at home and abroad.

OBSTETRIC SURGERY. By Egbert H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the French Hospital, etc.; and George W. Jarman, M. D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the Cancer Hospital, etc.; with Eighty-five (85) Illustrations in the Text and Fifteen full-page Photographic Plates. Royal Octavo, 220 Pages. Extra Cloth, \$2.50, net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This new book for medical favor comes not without unique ideas to recommend itself. The originality of the authors in giving their personal experience from a

practicable and teaching standpoint, rather than a rehash or recapitulation of what others have said and done, is worthy of emulation. Its text—Obstetric Surgery—is strictly adhered to. It does not undertake too much, and teaches well what it undertakes. Obstetrics can but receive fresh impetus from its teachings. It does not dally in telling one what to do when and where obstetric surgery is indicated. The authors well say in their preface: "The keynote of this volume is *election* in obstetric surgery."

Deaths.

DR. MILTON C. BALDRIDGE, one of the most prominent physicians of the State, died at his home in the City of Huntsville, Ala., January 8th, 1895.

DR. T. C. HILL, of Uniontown, Ala., died Saturday, January 5th, 1895.

DR. F. L. SIM died at his home in Memphis, Tenn., November 22nd, aged 60 years, from renal disease. He was well known as the editor of the *Memphis Medical Monthly*, as a teacher in the Memphis Medical College, and as a practitioner of medicine of whole-hearted devotion and signal ability.

TEXAS has a new medical college at Fort Worth; Alabama comes in line with another, and Tennessee will soon organize one more at Nashville. Regardless of the causes that may actuate such steps, medical education is but keeping pace with the progress of affairs.—*North Am. Med. Review*.

AFTER 1894 all applicants for a license to practice medicine in the State of California will be required to have attended four full courses of medical lectures. If a physician has not been guilty of unprofessional conduct for one year, his professional standing is established under the laws of that State.

Selections.

Did You Ever Notice.—That pretty women expect to have porcelain children ?

That discontent is a disease which change of climate cannot cure ?

That marriage develops antagonisms as well as compliances, and needs common sense in an uncommon degree ?

That nature effaces legality, and determines whether acquired kinships shall hold good in fact, as they assume to do in law ?

That the nostrum advertisement creates the symptoms which the nostrum cures ?

That "practical" people are often the biggest fools ?

That the philosophy of results can never be established until all the returns are in ?—the relief of pain within three minutes is only the voice of the nearest precinct.

That doctors sometimes dispense because they can't write an intelligent prescription ?

That the fee of the specialist is, alas! sometimes his most lasting memorial in the mind of his patient ?

That the great riddle which most people are trying to solve is, how to dance without paying the piper ?

That the "blows which patient merit of the unworthy takes" are serviceable when the recipient builds them into the fabric of his philosophy ?

That there is no fool like an old fool, because practice makes perfect ?

That though politics is always "turning the rascals out," the politician is never out of a job—that is to say, the supply of rascals to be turned out is always equal to

the demand of the campaign thunder-manufacturer? If this is not perpetual motion, what is?

That the velvet paw of the soliciting doctor resembles the tiger's in more ways than one?

That the philosophy of the nostrum-prescriber is: "Where no one knows, all have an equal right to guess." Considering its quality, isn't this professional wisdom rather high-priced?

That men are unique in their troubles, but profoundly alike in their genuine consolations? Life is more real than any of its forms.

That "love," "patriotism," "faith," and other words of deep significance, are often made to do duty for their exact opposites? This is as ghastly as the application of cosmetics to the dead.

That those who rail most vociferously at medicine are among the first to telephone for the doctor?

That the knowledge of pertinent facts will always confer advantage? The rest of the play is ingenuity and farce.

That the brunt of the greatest effort of nature toward sustaining the equilibrium of supply and demand is laid upon the babies; and, like Greek grammar, they exhibit more exceptions than examples of the rule?

That nature is frank, and hypocrites are her pathogenic micro-organisms? Their art is to be so small that the microscope of investigation cannot find them out—but pathology results, nevertheless.

That nature makes a desperate effort to remedy her blunders every time she brings a baby into the world? If the children did not inherit more of the virtue than the vice of their ancestry, the race would long ago have become extinct. Yet this is a coward's excuse for burdening the unborn with mortgages to disease and sin.—*Med. Age.*

The Alabama Medical ^{and} Surgical Age.

VOL. 7. FEBRUARY, 1895. NO. 3.

Original Communications.

LECTURE TO THE CLASS OF THE MEDICAL COLLEGE
OF ALABAMA.

BY NICOLAS SENN, M.D.,

PROFESSOR OF SURGERY IN RUSH MEDICAL COLLEGE, CHICAGO, ILL.

Delivered in the Amphitheatre of the City Hospital of Mobile, Jan. 18, 1895.

INTRODUCTION BY PROF. T. S. SCALES.

GENTLEMEN :—Upon me to-day devolves a most pleasant duty. It is not often that small places are visited by large men ; but it does happen at times that these visitations take place, by reason of desire for recreation and rest from arduous labors, and these visitations being so infrequent, so far as we are concerned, that this visit furnishes cause for congratulation on our part.

We have in our midst to-day one who is great in several respects ; great as a sportsman, and doubtless he

has sought our fields here for recreation and rest, attendant upon his favorite pastime.

I appreciate the spirit of a true sportsman ; I once enjoyed a limited reputation myself as a sportsman—giving the bird always a chance for his life; would never shoot the quail on the ground ; I felt that I should scare them from the limb to give them a chance for their lives ; so I can appreciate well the feelings of a true sportsman.

It is true, that he has not filled his bag with quail since he has been with us, nor has he filled his boat with ducks. He has not been able to capture the swift antelope or deer, but has had one day with the doves; but I assure you the fault has not been his—it was the fault of the animals, the deer and turkeys, and not his, that he did not bring them to bag.

Allow me to say that, in my opinion, you can search the wards of jails, convict camps, etc., and you will not find the true sportsman there ; it is not the sportsman that is guilty of incendiarism ; it is not the sportsman that takes flight to Mexico or Central America, that he should evade his evil doings—he is of sterner stuff.

We have here one great as a writer ; his name is already as familiar to you as your own ; frequently referred to in connection with a certain work, known as the “Principles of Surgery,” and you will remember that I have stated, that of two works in the English language, that of Paget’s and this work on surgery, afforded me more genuine pleasure than all I have read.

Let me say, that a still more recent work has been issued, “The Pathology and Treatment of Tumors,”

I believe, and so well satisfied am I as to the man that has issued the "Principles of Surgery," that I can heartily recommend that you procure the work on Tumors.

Great as a writer, great as an operator, frequently by his bold and yet conservative practice, snatching from the grave the patients; and lastly, *great as a teacher*.

His lecture-rooms are crowded; I have heard from him, that he has 800 students at his college.

The class is there, with eager attentiveness, from the incipency to the close of the lecture; they are there eagerly drinking at the fountain of knowledge.

Gentlemen :—

Would that I had the tongue of a Senn,
And a mind like his for the betterment of men,
Then would I strive with all my might
To teach you attentively, and teach you right.

It is my pleasure, on this occasion, and it is exceedingly a pleasure, to introduce to you Professor Nicholas Senn, of Chicago, Ill.

DOCTOR SENN'S ADDRESS.

Gentlemen.:—I desire to thank the Professor of Surgery for the words just heard, the words of appreciation of the work I have done in surgery, and, at the same time, for the privilege afforded me in addressing you this morning.

Without losing much time, we will proceed to discuss a few select subjects in surgery, which I have deemed of great importance.

Professor Scales has suggested that we present a case that you have seen recently, I believe, for the purpose

of discussing some of the etiological features, and some of the important pathological features presented by the case.

The patient is a colored man, in middle life, who, I am told, entered the hospital two years ago with an affection of the glans penis. It advanced speedily, and proceeded rapidly on its way of destruction; the character of the lesion, as well as the clinical history presented by the case at the time, lead to some doubt as to the nature of the ulcer.

The patient informs me that the ulcer commenced as an affection of the glans penis, near the deflection of the mucous membrane; hence, at a point frequently the field of syphilitic affection.

The possible diagnosis at the time was made, and it was regarded as a case of chancroid, with a probability of its being tubercular in its nature.

The disease, in spite of the most energetic treatment, proceeded at the time, and made rapid progress; the entire penis has since been destroyed. I have given the patient a very brief examination, and now I wish to discuss with you some of the important points that enable the surgeon to make a differential diagnosis at the early stage, between tuberculous and syphilitic ulcer.

I am very often enabled, by a very intelligent statement on the part of the patient, to make a possible anatomical diagnosis between the two malignant tumors, surface carcinoma and sarcoma, by a careful analysis of the clinical progress of the case (unfortunately in this case, the patient has not sufficient intelligence, and possibly not taking sufficient interest at the time), the

symptoms presented, and the exact starting point of the ulcer.

You will find, in making a differential diagnosis between carcinoma and sarcoma, that, in the former instance, the patient is usually able to inform you that the lesion commenced *in* the skin, commenced as a *surface* lesion ; that in the latter instance, in case of sarcoma, the tumor invariably commenced as a *subcutaneous* or *submucous* swelling ; hence, it is on the anatomical location of the primary initial lesion that so largely depends the diagnostication of the starting point of a tumor.

The patient says the lesion commenced as a surface lesion on the mucous membrane, hence, in a tissue in which we find on this part of the organ the starting point of an epithelioma ; the same anatomical starting point we find in the case of tuberculosis on the glans penis ; it hence becomes important, from the early clinical history of the case, to search carefully for evidence pointing in either direction. In epithelioma we invariably find as the first evidence of the formation of a tumor, an *induration* of the mucous membrane ; that is, the ulcer is preceded by a well-defined, circumscribed, sub-mucous infiltration. I mean by this, more than an ordinary inflammation and swelling, which we find in connection with the early history of tuberculosis ; where we find a swelling circumscribed, and leading, at a comparatively early stage, to surface destruction ; and by this swelling it is distinguished from the surface epithelioma in the hardness perceived upon the careful palpation of the swelling.

The epithelioma, commencing as an infiltration, which to the touch imparts a sense of great firmness, firmness of cartilage, a cartilaginous swelling, and leads later to surface ulceration.

If you, therefore, find any suspicious ulcer of a mucous membrane, in the early history of the case, an initial lesion, marked by an œdematous infiltration, followed at an early stage by surface destruction and ulceration, the clinical history speaks in favor of tuberculosis. If you find, on the other hand, a circumscribed infiltration of the hardness of cartilage, leading to ulceration at a later stage, the symptoms speak in favor of carcinoma.

The next thing to be carefully taken into consideration is, the increase in size of the ulcer.

The tubercular ulcer, as a rule, leads to more rapid destruction of tissue than a carcinomatous ulcer. If there is, therefore, any evidence in the early stage of the ulcer, of a rapid extension of the ulceration, the result of local infection, the symptoms and signs speak in favor of tuberculosis. On the other hand, an ulcer superimposed upon an indurated field, upon a hardened base, slow progress, speaks in favor of a carcinomatous nature of the ulcer.

Again, we must make a careful visual and digital examination of the field of ulceration, which we will do in passing, in connection with the case.

I show you now the extent of the ulceration and destruction; the entire penis has disappeared; at the root of the organ, I find here a crater-like ulcer, which penetrates deeply into the subcutaneous structure. I find, also, on the other side of the scrotum, a mark of previ-

ous ulceration. I note along the inguinal fold here, on both sides, well-defined scar tissue, the remnant of a former destruction of the surface of the skin; but, I have something more interesting to show you in connection with this case. As far as the stage of the ulcer, from a clinical stand-point is concerned, we find here as connected with the field of ulceration, a developing additional surface lesion.

It is the surface lesion involving the gluteal region that has aided me in making a possible differential diagnosis in this case; both carcinoma and tuberculosis are considered seriously from a diagnostical standpoint.

It remains for me to place unusual stress, from a diagnostical standpoint, as to the number of points of ulceration that developed from the beginning, and during the progress of the case; as a rule, to which there are but few exceptions, so few that, when we meet with them in the current literature of the day, we regard them as pathological curiosities, viz.:

“Carcinoma remains limited to the primary point of development. In other words, a multiple epithelioma of the skin and mucous membrane, is an exceedingly rare affection.”

You will please remember this, because it may aid you in making a differential diagnosis from this one all-important clinical fact, between surface epithelioma and tubercular affections of the skin and mucous membrane. We find in cases of so-called lupus (and I show you one), which is nothing more nor less, from a pathological standpoint, than a tubercular affection of the skin, and should be called so. They frequently commence

from the very beginning, and certainly through the progress of the case as a multiple surface lesion.

I find here, in the gluteal region of the left side, disconnected with the primary lesion, an ulcer representing clinically, and I am sure bacteriologically, the identical features of the primary lesion. Another feature on which I desire to lay great stress in differentiating between carcinoma and tuberculosis in this location, is the usual history of regional dissemination. It is the regional distribution of the disease that aids us materially between tubercular and carcinomatous ulcer.

If this had been a case of epithelioma, ere this we should have found here, in anatomical connection with the primary ulcer, evidences of regional infection through the lymphatic glands ; there is no exception to this clinical course in reference to local dissemination.

Every surface carcinoma, sooner or later, in spite of the assertions of the older authors, leads to regional infection through the lymphatic system. On the other hand, (I allude to the familiar clinical factors with which every physician of large experience has become conversant,) that in affections of the mucous membrane, or of the skin of a tuberculous nature, formerly termed lupus, termed properly tuberculosis, glandular infection is exceedingly rare.

I am sure that you have observed cases here in this clinic, where an insignificant ulceration near the alæ of the nose, that revealed itself by its clinical course as tubercular affection by its rapid extension ; part of it first involving the orbits, pursuing that rapid malignant course characteristic of skin tuberculosis, without

any evidence pointing to glandular infection, and leading finally to a fatal termination usually by extent of local destruction. In other words, the infection remaining local, leading to extensive local destruction, and finally to a fatal termination.

It is seldom that we find in such cases general infection—acute miliary tuberculosis—an occasional occurrence, it is true, but it is rather the exception than the rule.

I will show you, in the primary lesion an exceedingly interesting clinical feature, that will aid you in differentiating carcinoma and epithelioma; the question of *scars* is very interesting. When I am confronted with ulcers, I make a careful examination for scars.

You will find everywhere around, that the lesion is surrounded by blue scar tissue, while the older scars have undergone evascularization, an entirely different scar from specific ulceration—a scar that never forms in connection with carcinoma.

If you have the history of an ulceration, with an attempt at repair, or perhaps a complete healing of the ulcer, you can safely exclude carcinoma. The carcinomatous ulcer never heals unaided; the ulcer undergoes progressive increase in size; it is the progressing of the carcinomatous ulcer, irrespective of the tissues involved, that characterizes the disease clinically. I look, therefore, on scars surrounding every one of these ulcers as a positive witness against carcinoma. Study, also, the character of the ulcer, and its immediate environment. I find here, in the immediate vicinity of the old ulcer, multiple small ulcers, the infection is therefore

multiple. Each one of these ulcers has no anatomical connection with its neighbor, but an intimate relationship in etiology.

To me, this great clinical tendency of infected lesions of the skin to appear as multiple infections, and the contrary in connection with carcinoma, is one of the strong clinical proofs against the microbic origin of carcinoma.

How will you explain the appearance of this large ulcerated field in pathological connection with the primary infection? Because the dressing communicates the cause from the primary to the immediate vicinity.

What is more probable than that the bacillus of tuberculosis, that has been growing luxuriantly in the primary field of infection, has become distributed from the medium of the discharge of the ulcer in its immediate vicinity? It is here that it possibly presents the same kind of active conditions necessary for development of local tubercular infection.

In other words, to produce tubercular infection of the skin with the bacillus of tuberculosis, it is almost equal essentially to an infection-atrium, the port, the door, through which infection takes place. The unbroken, healthy skin is quite a protection against tubercular infection, fortunately for the human race. A small abrasion, or diseased part of the skin, may furnish an essential door through which the bacillus gains entrance into the subcutaneous tissue through the lymphatics, and thus a specific pathogenic infection, the formation of glandular swelling, in which the bacillus of tuberculosis grows, and then the local destruction of the parts.

Ulceration, with the local extension of the ulcer, has made then an additional pathway of infection, characteristic of carcinoma dissemination through the lymphatic glands; I therefore have reason to think these multiple ulcers, at the field of the primary ulcer, and at the field of secondary infection, have occurred by the surface furnishing an essential infection-atrrium. I, therefore, from the clinical history of this case, and from some of the salient points, think that I am safe in excluding from this case surface carcinoma.

We must not entertain the idea seriously that it is a chancroid; we know that the chancroid in Southern climes leads to great ravages, to great destruction of tissue, but the pathological process remains localized, limited to the part infected, as a rule.

We have here a typical case, gentlemen, of surgical tuberculosis, commencing in the external genitals, and during the progress of the case involving the immediate neighborhood of the primary ulcer.

We have additional proof, that is, secondary tuberculosis involving the lungs. I am told a careful examination of the chest has established the infection of the pulmonary region. I have no reason to suspect the pulmonary lesion is the source of infection. We think that, in this case, gentlemen, the infection occurred by the entrance of a sufficient number of bacilli into the circulation leading to miliary distant tuberculosis.

The temperature of this case will be of material aid in establishing the existence of general infection, which is usually attended by a high temperature; no thermometric observations have been taken so far, but I am

sure that this part of the clinical study of the case will be made at once, from a view of establishing this most fatal complication, miliary tuberculosis.

I have noticed, that when these dressings were removed, the general rule has been followed in the treatment of local accessible tubercular affection by application of iodoform. This leads me to make a few remarks in reference to iodoform in treatment of tuberculosis.

This is not only a case of simple tuberculosis, but the case is complicated by secondary infection by pus microbes. It is this infection by pus microbes that has lead to this destruction of tissue, the destruction of the entire penis, and also the tubercular formation of secondary points of ulceration.

I have the greatest faith in iodoform in treatment of all subcutaneous, uncomplicated forms of surgical tuberculosis ; it approaches nearly being the specific.

As valuable as the agent is in the treatment of uncomplicated subcutaneous tuberculosis, and if understood in case of general tuberculosis, or tuberculosis of parenchyma, or of pleural and joint cavities. I except cases in which tuberculosis develops as a surface lesion, and it is absolutely without equal in the treatment of bone tubercular ulceration. It has no value in the treatment of tubercular ulcers complicated by secondary infection with pus microbes; this is always the case.

In extensive tubercular surface lesions, the question naturally presents itself : What should be done when the tubercular infection has extended to the extent it has here, leading to the destruction of the entire organ, and very extensive infection in its immediate vicinity ?

The sharp spoon, an aseptic spoon, to avoid secondary mixed infection, may prepare a soil upon which iodoform can produce its specific marked effect.

It is, therefore, the mechanical removal of the tissues infected with the bacillus of tuberculosis, and the pus microbes, that has proved such an inestimable boon in the treatment of accessible peripheral tubercular ulceration. Apply it thoroughly, and you will succeed. Eliminating the product of the mixed infection is a serious question to consider, considering the extent of the local ulceration. This crater-like opening, corresponding with the root of the penis, when I look in the immediate neighborhood of the scrotum, and see this extensive undermining of the skin, I am satisfied myself that nothing short of quite a mutilating operation will furnish the condition that will secure the surface that can be favorably acted upon by iodoform. In other words, I would regard the entire removal of the scrotum as an essential indication to meet the local indications. Never practice mutilating surgery without the most careful, conscientious study of every clinical feature presented by the case.

It would be too easy to resort to such extensive removal of the tissues in the immediate vicinity of the ulceration if additional careful clinical study of the case will show that the disease has not passed beyond the reach of the knife, beyond the reach of local employment of anti-tubercular remedies.

Never lose sight of your patient in your endeavor to improve local conditions. If, however, a careful clinical study of this case should demonstrate that the tuber-

cular process is localized, should exclude the possibility of a general infection, I would, unhesitatingly, plead in favor of most thorough local treatment, even to the extent of the removal here of these useless organs, the testicles.

We meet with cases in our practice, particularly in children, even where, in the face of tubercular complications beyond the surgeon's reach, where thorough local surgical treatment is not only encouraged, but is crowned with success. I allude to that class of patients that possess, generally, greater resisting force than the patient before us. A patient who has become pale and anæmic, as is evident in this case, can ill afford to be operated upon for serious tubercular affection, because I have learned from sad clinical experience that anæmia is always unfavorable in cases requiring radical surgical treatment.

If I found here the patient presenting a ruddy appearance, and an adequate amount of healthy rich blood, I would then be more encouraged in reference to the results of a serious operation. But, in individuals of this kind, the surgeon has to estimate carefully the extent, influence and prospect of the proposed surgical procedure. I should be very much inclined in this case, then, after a thorough, careful examination of every organ of the body, to resort to changing local treatment with a view of preparing the soil for radical measures, and at the same time increasing the resisting, the recuperative, power of the patient by general treatment.

It is here, gentlemen, where many sins of omission and commission are made by the modern surgeon,

The man who wishes to accomplish everything by local treatment, and ignores the general condition of the patient, is not a conscientious man; therefore, learn to combine the local treatment with a preparatory general treatment of the patient. Fortunately, in this respect, I can encourage you in resorting to intelligent general treatment of the patient, with a view of promoting a process of blood formation with a view of increasing the resisting power of the tissue.

We are now, thanks to the labor of Max Shueller, in possession of an exceedingly valuable therapeutic agent; I allude, of course, to guaiacol, and the most abundant nourishment, doing away with the nauseous cod liver oil. In the treatment of tubercular patients, it has been shown to be indirectly an anti-tubercular remedy.

I therefore place every tubercular patient, irrespective of the tubercular process, on a long course of treatment with guaiacol. It has been shown that guaiacol is an indirect anti-tubercular agent, by eliminating from the system, or rendering harmless, the chemical product of the tuberculous tissue, and of the tubercular bacillus.

If I therefore, by saturating the system, can thus render harmless the chemical product of the infection, and eliminate the ptomaines of the organisms, we are in possession of an exceedingly valuable therapeutic resource.

Allow me, therefore, to recommend guaiacol in the *strongest terms* in the treatment of tubercular affections, irrespective of location, administering four to five

drops in milk, or some other menstruum; five times in twenty-four hours, before meals and at bed time, is a good rule to follow.

To recapitulate then, in reference to the diagnosis in this case, let me once more rehearse the salient points upon which we pass an intelligent diagnosis between tuberculosis and carcinoma :

The character of the primary swelling hard, subcutaneous, submucous in carcinoma. Œdematous is the case of tuberculosis, early ulceration in tuberculosis with speedy local extension. Later ulceration in carcinoma, and the ulcer will, invariably, cause regional infection through the lymphatic glands. Primary multiplicity in tuberculosis—seldom occurs as primary infection in carcinoma. The carcinomatous ulcer always surrounded by indurated margins, then an underlying, indurated base ; the tubercular ulcer appearing as a surface outlet, as if pinched out with an instrument, with an œdematous environment, with well-defined induration. The granulations of the tubercular ulcer are of a grayish œdematous appearance, the result of a localized coagulation necrosis, induced by ptomaines of the tubercular bacillus.

The carcinomatous ulcer, on the other hand, presenting that irregular margin, with frequently overlying margins, formed by destruction of the connecting tissue, and so-called cancer nests, with a process of degeneration, which, in case of surface carcinoma, is most characteristic ; for instance, in carcinoma of the lip you will be able, by pressure, to squeeze out the contents of these cancer nests. This fatty material, the result of fatty

degeneration of the parenchyma of the tumor, and different from anything met with in tubercular ulceration, in which usually the connective tissue plays the most important part, in which these metamorphoses are the consequence of local inoculation of the granulomatous products, while, on the other hand, in carcinoma the destruction of tissue depends upon the circulation of the parts.

SECOND CLINIC : A NEGRO WOMAN.

I could not do better, in connection with this case, than to make a few remarks in connection with the case before you now.

I am told that this patient was operated upon some two months ago for a rapidly growing tumor of the breast. I judge from the extent of the scar, which here marks the internal margin of the pectoralis major, I have no doubt that the modern thoroughly radical operation was performed.

There was not only the primary organ affected, but with it the entire contents of the auxiliary space was removed, and a typical excision was made, not only of the breast, but of every one of the axillary glands, the value of which no modern surgeon now ignores.

A few years ago every graduate prayed for an amputation of the breast, as a basis upon which to place his reputation as a surgeon.

They were impressed with the ease with which carcinomatous breasts could be removed, and therefore ached for the first opportunity to place themselves on record as a surgeon. It constitutes now one of the most formidable operations in surgery, an operation in which

it is important to lay open, by dissection, the exceedingly important anatomical structures. The surgeon that removes a carcinomatous breast, without removing the axillary glands will soon see that the operation will be speedily followed with infection.

I have discussed the clinical aspect of surface *epithelioma*—make no narrow distinction from a practical standpoint between it and *surface carcinoma*: one leads to early infection, the other to later glandular involvement.

How will you account for the exceedingly important clinical difference? Why is it, in case of carcinoma of the lip, that late regional infection occurs? One being a surface lesion, local infection can extend only in one direction, that is, at the base of the tumor; bury that tumor, surround it by mesoblastic tissue, and you will produce the same local indications, and in the same length of time as glandular carcinoma. There is no histological difference between surface carcinoma (epithelioma) and glandular carcinoma; the clinical difference is one of time. The tendency of the tumor to lead to progressive extension is the same in both.

Here, no doubt, your Professor of Surgery had to deal with an exceedingly malignant form of carcinoma. There is a degree of malignancy of carcinoma, irrespective of the organ involved. Here, undoubtedly, we have a subject before us that presented favorable indications to rapid local growth, and early regional infection. Generally, the more a carcinoma simulates an inflammatory affection, the greater its malignity, the greater excess and superabundance of perenchymatous tissue,

with a very imperfectly developed stroma. I am sure this tumor was soft, because the rapidly progressing tumor is always soft, the form of carcinoma that the old writers described as encephaloid. That this was carcinoma, and not sarcoma, there can be now no longer a matter of doubt. I believe there was some little doubt as to the differential diagnosis between carcinoma, and sarcoma at the time ; this doubt has been wiped away by the subsequent clinical history of the case.

The rapidly growing carcinoma, as far as the tumor is concerned, is almost a perfect imitation of sarcoma, with, however, this difference : that in sarcoma the lymphatic glands are invariably involved, but the surgeon is enabled to demonstrate the existence of regional infection, even though it has extended to the deep glands, because through the intact skin he is unable to detect the enlarged indurated glands ; but, let me give you this advice, that when, from a careful clinical study of the case you can make a diagnosis of sarcoma, it is no longer necessary, in order to enable the surgeon to attempt efficient surgical treatment, to establish the fact that regional infection has occurred, because he will always find it when he comes to expose the exillary contents. I have frequently found, through the intact skin glands as large as a bean, and I have yet to see the first case of carcinoma in which I did not find glandular enlargement. You will notice that the surgeon in this case has made a modern operation, as is evident from the extensive surface defect at this time, in making an attempt to repair the loss of continuity in the form of a large field of exceedingly flabby oedematous granula-

tions. Only two months have passed since this operation, and there is still quite an extensive surface defect, and yet the patient presents points at this time, after a faithful endeavor to remove the infected tissues, with all the characteristic evidences of a very extensive *regional* recurrence. Please make this distinction, because it is an important one; the *local* and *regional recurrence*. We have now here, in the supra-clavicular fossa, in Morenheim's fossa, a package of large, hard, movable glands; glands that have, so far, not become attached to the overlying skin. I find also in the apex axillary space a similar, but not so far advanced, *regional* recurrence; that is, recurrence through the medium of the lymphatic glands. What interests me most, and I am sure will interest you, is the form of *local* recurrence to which I wish to call your especial attention. I find here now, in the near vicinity of the ulcer, at a point corresponding directly to the sternum, an exceedingly interesting pathological condition. I have already pointed out to you the extent of the regional infection, involving the axillary space and Morenheim's fossa, that these carcinoma cells have been carried through the deep lymphatics.

I find here an exceedingly interesting form of *local* recurrence. You will notice that the scar here is adherent to the underlying tissue; I can detect, and correctly locate here, the stitches employed in approximating the margins of the wound. But it is this condition that I would like for you to notice. I have been particular to emphasize the fact, that these deep carcinomatous glands have, as you know, no connection with the

underlying skin ; it is different here. I find here a number of small tumors, which are not *under*, but *in* the skin, tumors covered by the epidermis, but forming a part and parcel of the skin—a *local* recurrence through the medium of the lymphatics of the skin. It is the “Lenticular Carcinoma” (cancer en cuirasse), which has been described by a recent author as a recent historical class of carcinoma—a great error.

Gentlemen, I will venture the assertion, and you will corroborate it in the course of time, that you will never find a primary lenticular carcinoma of the breast ; it is, invariably, a secondary infection, and frequently as the first evidence of local recurrence sooner or later after an operation. It is true, that those who have described this lenticular form of carcinoma may have been deceived, and are, undoubtedly, deceived in locating the tumor anatomically correctly, but overlooking, perhaps, a small carcinoma in the mammary gland proper ; but, gentlemen, it is *always* there ; there is a connection between the deep lymphatics of the skin and the lymphatics of the breast which, as yet, has not been adequately studied. Here is a great field for some of you gentlemen to cultivate. That it *does* exist, we have no better proof than the behavior of a neglected carcinoma of the breast, or a careful study of the local recurrence after the operation for carcinoma of the breast. I know of nothing that, in the way of diffusion, simulates more closely erysipelas than the lenticular carcinoma. The deep lymphatics, in connection with carcinoma of the breast, invariably enlarge in direction of the lymph current ; here the lymph current has already carried carci-

noma cells from the glands of the axillary space into the glands of Morenheim's fossa. This disease has travelled in the direction of the lymph current, and this is the rule in the dissemination of carcinoma through the deep lymphatics. You will observe almost the reverse in studying the topography of the superficial carcinomatous glands.

Here, there is no longer a definite pathway for the carcinoma cells to flow; here we find the lymphatics in the form of a reticulum, a net-work, through which the carcinoma cells can spread and disseminate in all directions, *against* as well as *with* the lymph current, in the same way as the erysipelatous process becomes diffused. You remember that erysipelas never pursues a particular anatomical pathway; it diffuses itself through this net-work of superficial glands; it remains limited to the superficial lymphatics, the same as the lenticular carcinoma.

The process has reached here to the dangerous route through which rapid local and regional dissemination takes place. Regard, therefore, the lenticular carcinoma only as a stage—as marking a stage of glandular carcinoma of the breast.

There is another exceedingly important pathological feature in connection with this case, and that is, that the lenticular carcinoma here has passed beyond the median line of the body; it has gained through this indefinite net-work of lymphatics; the local dissemination has passed across the median line. You will find in connection with this case—and I am sure you will be given the opportunity to make the observation—that

daily new points of induration will appear; every day new ones. Here is one, and here another one, and from one of these independent centers of cell proliferation another local area will become involved—the disease is progressive—this is a local dissemination. I find on examining the axillary space of the *opposite* side, that I can point out to you evidence of glandular infection; here a gland the size of a walnut, occupying the apex of the axillary space, presents itself as a subcutaneous affection. It is not in connection with the lenticular carcinoma, but it indicates another exceedingly important fact from a prognostical standpoint. There is no direct anatomical connection between the deep lymphatics of the *left* and *right* side; and as carcinoma diffuses itself in local, and in the same region through the entire body from one common center—the mother of all secondary tumors—this enlarged gland in the right axillary space proves only too plainly that *general* dissemination has occurred. This leads me to insist that, in all faithful endeavor to deal with carcinoma of the breast, we must be careful not to take part in the “furor operationis” that characterizes our modern times; we must learn to study, we must learn to determinate the contra-indications, as well as the indications for radical measures.

My idea of the radical operation, and which should be the *ideal*, is the operation when the surgeon can satisfy himself that, by resorting to the knife, or the substitutes for the knife, that he will be enabled to remove all the infected tissue; anything short of this indication is not a radical operation, and frequently does more

harm than good. Here, when the first operation was performed, no glands could be found in the supra-clavicular space; there was no lenticular carcinoma, no enlarged glands of the opposite side, hence the surgeon had reason to believe that, by making a thorough operation, he might succeed in removing all the carcinomatous tissue, and the operation was made in the first stage—encouraging facts—and with the result you see now, a general recurrence. This may happen to the best-practiced surgeon. Carcinoma is a relentless disease, and before we can be aware of the extent of the infection, *such* infection has occurred, and hence the surgeon so often reaps disappointment.

Let me lay down to you three pathological conditions that are contra-indications to a radical operation :

In the first place, in all cases in which I can detect evidences of glandular infection, involving Morenheim's fossa, or the supra-clavicular space, I consign such patients to the inevitable, because I look upon the removal of the pectoral muscles, the clavicle and the entire upper extremity as too serious an operation with the early indications of the case. When the glands in Morenheim's fossa become out of reach, no removal of the entire upper extremity will promise a permanent cure, and the patient does not reap the benefit of such a very dangerous, serious operation. I therefore regard infection of the supra-clavicular glands as a positive contra-indication to radical measures.

Another contra-indication I have pointed out to you this morning, in connection with the case; when local recurrence, or when, as the result of the natural history

of the case, the glandular carcinoma has become a lenticular carcinoma, it is best to regard such cases as a "noli me tangere."

I have never yet seen a case materially benefited by an operation after the disease has extended beyond the lymphatics of the axilla.

Another contra-indication, which of course you will all recognize and subscribe to, is when the surgeon is enabled to establish the fact, either by symptoms manifested by a carcinomatous tumor, involving the internal organs, or finding evidences of the general dissemination of the disease in the lymphatics unconnected with the lymphatics of the region primarily involved. Such cases are not benefited by an operation, and only bring reproach upon surgery.

Gentlemen, I wish to apologize for the length of time I have occupied here, and thank you for your attention.

PROFESSOR SCALES.

Gentlemen—I am sure you feel no apology is necessary on the part of Dr. Senn, and doubtless I express your sentiments, as well as the sentiments of the faculty, in returning thanks for treating us to so learned a lecture.

ENDOCARDITIS AND PERICARDITIS.

BY DR. A. F. BULLARD,

ANNISTON, ALA.

(Read before the Calhoun County Medical Society, January 8th, 1895.)

I WISH to call your attention to a case which I have had in my practice, that I think will interest you. It has been a very interesting case to me, as it has taught

me to more minutely distinguish the difference between endocarditis and pericarditis than I have heretofore been able to do, not having had much practice in, and consequently not being thoroughly experienced in cardiac diseases (as experience is the best and only true teacher). I have not placed it in as good form as I could wish.

On the 17th of November, I was called to see Mr. E., who, upon examination, I found to be suffering with severe pains in the chest, over region of the heart, and in the left arm. The pains were coming on paroxysmally, and were of a neuralgic character, sharp, shooting, cutting, lancinating, and agonizing. His temperature was 99°, pulse 134, skin sallow, eyes sunken and dark underneath, the tongue coated heavily with a brownish-gray fur, bowels constipated, urine scant, high colored and loaded with urates. I analyzed the urine, and found the S. G. 1020 acid reaction; no albumen, no sugar.

His family history was as follows: His father died suddenly. his mother had consumption, and an only brother died with heart disease and jaundice. After making a thorough examination with a stethoscope, my diagnosis was endocarditis. The normal sound of the heart as given us by DeCoste is *thud-put, thud-put*; the sound which I got was *tshoo, tshoo*, a single blowing, hissing sound. The heart was displaced below and to the left of its normal position. As he was suffering severely, I gave him a hypodermic injection of morphia, $\frac{1}{4}$ grain, repeated in about thirty minutes, which gave him considerable relief. Prescribed DeCoste's heart tonic and an anodyne, and hot applications over the heart. As he

was constipated, and in a jaundiced condition, I gave him a cathartic, composed of calomel, soda and ipecac. He had been vomiting a matter which more resembled fecal matter than substances usually ejected from the stomach do; it was of the consistence of buttermilk, very offensive, and in color light grayish or greenish yellow; it was covered with a white flocculent substance which floated on top of it. He had taken very little nourishment for several days, and was naturally quite weak.

On the morning of the 18th, I found my patient very much improved; his temperature was normal, his pulse 102°; there was very little pain; the sound of the heart somewhat better, as I could distinguish two sounds somewhat like this: *Poo-shoo, poo-shoo*. The medicine had acted twice on his bowels; he was looking much brighter; had eaten some light food, and was very hopeful. I should have said, that when I first saw him he was very despondent. I saw him again in the evening, and as there was no change for the worse, I was quite hopeful myself. During the night such a paroxysm of pain came on that the attendants, becoming alarmed at its severity, and thinking that he might die before I could arrive, they called in Dr. LeGrand, who left him in the early morning much relieved. From this time until the 21st there was but little change; he complained of but slight pain, his temperature was normal in the morning, rising to 99° or 100° in the evening. There was no dyspnoea, the bowels and kidneys performing their functions properly, and he was taking considerable nourishment. Recalling the case afterwards, I re-

member that his face bore an anxious expression that boded no good to my patient, and which I should have laid more weight upon than I did. I believe the expression of the countenance should never be overlooked, for it is a symptom that warns the doctor that there are breakers ahead. When the little child is ill, the mother, with the intuition given her by mother love, anxiously watches the face of her little darling, and judges from its expression—not as the doctor does, from physical examination—and knows her child to be better or worse, as the case may be ; and hence the old saying : “ When the mother thinks her child is better, the doctor knows it is.”

The treatment was antiphlogistic, tonic, stimulant; for the heart digitalis strophanthus, iodide of potash, carb. of ammonia, some brandy in egg-nog and milk punch, and good nutritious food ; hot applications over the heart—and, by the way, a hot water bag over the heart gave greater relief than anything apparently that we did.

On the 22nd, very grave symptoms set in—the patient throwing himself about over the bed, moaning and complaining of great pain and weakness; the pain was most severe over the heart, down the left arm, and across the abdomen ; his countenance was very anxious ; his extremities above the knees and elbows were cold ; there was no pulse at the wrist; the heart's action was greatly accelerated and very weak and feeble. I requested consultation, and Dr. Smith was called in. After examining my patient, he confirmed my diagnosis and endorsed my treatment. He suggested a nervine, which

gave him some relief from his nervous symptoms. During the evening of the 22nd he showed grave adynamic symptoms; his vitality was wasting rapidly, greatly jaundiced and partially unconscious. I remained with him during the night, doing everything in my power for him. Towards morning he went into a coma, breathing stertorously as one with apoplexy, and at 10 o'clock died suddenly.

I have here the heart, which I have preserved for your investigation; you will observe that it has not been opened as it should have been, as the rupture, which we find in the apex, would have had to be cut through, thus destroying it for your observation. You will observe that the solid portion of the heart is inflamed, and that there is a rupture of its body, showing to us conclusively that the immediate cause of his death was rupture of the heart from myocarditis; a large clot had formed in the heart, which has been destroyed by the solution of chloride of sodium in which it was placed for the purpose of drawing out the blood. You will also observe that I have cut through the septum cordis longitudinally, so as to, after opening the body, give a whole view of the inner lining of the inflamed surface.

Now, it would be taking up too much of your valuable time, and prevent the reading of some learned paper, for me to read you the causes, diagnose symptoms, prognosis and treatment of endocarditis and pericarditis, but there is a part of a chapter in Roberts' Practice which, with your permission, I will read, principally to show how conflicting the physical symptoms are.

The local symptoms of endocarditis, as laid down in the books, are very indefinite. One of the best authors on practice informs us, that there is no pain or tenderness ; sometimes palpitation. My patient informed me that he had had palpitation on several occasions in his past life from fear, but had never had any pain about his heart:

"The only positive signs which may be associated with endocarditis are those indicating excited action of the heart, some derangement of an orifice, or extensive coagulation of blood :

"1st. *The impulse* is often forcible and increased in area ; if coagulation takes place, it tends to become irregular in rithm and force.

"2nd. *Increased dullness*, especially towards the right, may arise from stagnation and clotting of blood in the cavities of the heart.

"3rd. *The sounds* are often altered in character, *but* this is not to be relied upon.

"4th. The great sign of endocarditis is the presence of one or more endocardial murmurs ; but it must be remembered that these may have previously existed. Different observers have given different statements as to the valvular lesions most frequently present.

"In my own experience, *mitral regurgitation* has been decidedly the most common condition in accute endocarditis, *but* this may in some cases result from irregular action of the muscoli papillares. *Aortic obstruction* is not uncommon. *Pulmonary obstruction* murmur may be observed as a result of coagulation in the right cavities, *but* on the left side clotting of blood sometimes interferes with the production of a murmur."

Gentlemen, the books inform us that in pericarditis we have a systolic murmur, and in endocarditis that we

have a diastolic murmur. I have listened to the sound of four hearts that I knew to be inflamed externally, and with two exceptions I could hear no murmur either over the manubrium or ensiform appendix. If I had been alone in my examinations, the failure to distinguish these sounds could have been laid to an uneducated ear, but in all the cases I was in company with a learned physician.

In pericarditis we have the physical sign of the heart's action visible to the eye in the shaking of the whole body, in the pulsation, visible, of the carotids; there is soreness of the intercostal spaces; percussion is usually natural; you get two distinct sounds of the heart, normal sounds; nearly always a soreness of the carotids, vertigo, tinnitus aurem, the breathing is by catches, the pulse is jarring and jirking, much dyspnœa, the skin bathed in perspiration, as in rheumatism.

In endocarditis, owing to the inflammatory turbulence of the heart and the engorged state of its cavities, percussion gives a dull sound over a surface of several inches; the heart's action is perceptibly increased and very manifest to the touch; when the hand is laid over the heart there is a trembling vibratory motion, very slight dyspnœa, the skin is dry, unless suffering a great deal of pain; auscultation reveals a single blowing sound. There is nearly always a derangement of the liver, as shown by the jaundiced condition of the skin.

Selected Articles.

**THE PROPER RELATIONSHIP OF FEDERAL, STATE AND
MUNICIPAL QUARANTINE.**

A valuable paper on the Proper Relationship of Federal, State and Municipal Quarantine, was read before the Mobile Medical Society by Dr. Jerome Cochran, the distinguished State Health Officer of Alabama, October 17, and an abstract of this paper by its author was published in the November number of *THE ALABAMA MEDICAL AND SURGICAL AGE*. The address was inspired by the unsatisfactory if not inefficient management of maritime quarantine at Mobile Bay. It will doubtless prove as surprising to many of our readers, as it was to us, to learn that the quarantine service is not subject to the control of the State Board of Health, or even of the Mobile Board of Health, but is a "close corporation," composed of several merchants and business men and two physicians. The business members of this quarantine board are not quarantine experts, and possess but little if any scientific knowledge of quarantine matters; they were doubtless selected for these positions solely to protect Mobile's commercial interests. The two doctors on the board may or may not be quarantine experts; but be this as it may, their voices and votes would count but little when the commercial interest of Mobile is jeopardized by a rigid enforcement of quarantine rules, notwithstanding the doctors on the board believed this necessary. As Dr. Cochran says: "Mobile is a commercial city. Her merchants are naturally impatient with any restraints placed on her

commercial intercourse with foreign countries ; and so is under special temptation to relax her quarantine rules to such a degree that they could not be depended on to afford reasonable protection to the people of the State."

If the people of Mobile, or of Alabama, were alone endangered by an inefficient quarantine board at Mobile Bay, it would be a matter of their own concern, and however much outsiders might regret their foolish lack of wisdom, they would have no right to demand the undoing of the quarantine board at Mobile, and the organization of one that would give reasonable protection to the people. But Mobile Bay is one of the principal gateways to the Mississippi valley and the entire country, and inefficiency of her quarantine service may allow yellow fever, cholera, or pestilence of other form, to enter through this gateway, and by railroads, or other means of rapid travel, spread such diseases to adjoining States, and to all portions of this country. The maritime quarantine at Mobile, and at every gulf or sea station in this country, concerns, therefore, not only the States in which they are located, but every other State, and the people at large have a right to demand that the maritime quarantine service of the country, without any exceptions, shall be conducted so that the people will receive the maximum of protection, and commerce the minimum of interference.

It seems doubtful, in view of the Mobile quarantine, whether such a demand, if it should be made by the people, would be heeded by those States in which defective quarantine exists. There are many influences which incline them to adopt a different course of action. We have already mentioned the tendency of commercial interest to relax to a dangerous degree the quarantine rules of a city or State, the expense of maintaining a proper system of maritime quarantine, in addition to

that required to support a State Board of Health, is a troublesome question that is not always decided wisely, nor to the best interests of the State, by legislative bodies. Besides it has not, it seems, been possible for the health authorities of the States to agree upon quarantine rules, and then have them enforced by their respective States, that will give reasonable protection to the people. Only last year a "case of yellow fever got through the quarantine at Brunswick, Ga., and died in a logging camp near the city." From there it spread into the city, and no one can say where it might have gone, had not the Federal government, through the Marine Hospital Service, assumed control of matters.

"As soon as the fever broke out in Brunswick," says Cochran, "the Marine Hospital Service pushed aside the Brunswick quarantine, put a quarantine around the city, put a quarantine on all the railroads and established a camp of detention for refugees in transit to places of asylum."

The Marine Hospital Service may have exceeded its authority in thus invading the territory of the State without an invitation, and it may be arbitrary, or bureaucratic, or insufficiently acquainted with local conditions to quarantine wisely in all cases, but we cannot believe it is wise, as suggested by Dr. Cochran, to request Congress to amend the Federal Quarantine Laws, and provide by act of Congress "that the Marine Hospital Service shall not invade the territory of any State for health or quarantine purposes, except by invitation of the State health authorities." When the Marine Quarantine Service of the country is executed by quarantine experts, under the control of State health authorities, and the entire quarantine system is operated by quarantine rules that have been formulated by these authorities, we will agree with Dr. Cochran that the Marine Hospital Service should not invade the State for health or quarantine purposes. But until this is accomplished, or some other remedy is adopted that will correct the evils of quarantine as practiced at Mobile Bay and Brunswick, we think it wise to let the Federal Quarantine Laws alone.

* * *

Physicians know that it is often easier to make a diagnosis of a disease than it is to cure the patient, and this unfortunately seems to be the case with the maritime quarantine of this country; its defects and dangers are more easily pointed out than cured.

Dr. Cochran says: "There are just three places in which to oppose the dissemination of communicable diseases." "The first of these is at the point of departure in the foreign country. The second is at the port of arrival in this country. The third is at the place of destination in the interior of the country at the end of the journey.

"The quarantine at the foreign ports includes the inspection and disinfection of passengers, emigrants, ships and merchandise, and a general system of bills of health and cable notifications when anything is wrong. All these things should be in charge of the National government.

"There should be at suitable places along our sea coast refuge stations for dealing with infected ships, crews, passengers and cargoes; and these stations should be under National control.

"There should be, inside the line of refuge stations, an inner line of defenses in the shape of local inspection stations at our various seaports, and these should be in the hands of local officials."

The first and second of these conclusions will not be disputed, nor would the third if only quarantine experts were given control of the quarantine business of inspection stations, and the stations were placed under the jurisdiction of the health authorities of the States in which they are located.

If Congress adopts the recommendation of President Cleveland, in his annual message, to establish a National board of health, or National officer, charged with no other duties than such as pertain to the protection of our country from the invasion of pestilence and disease, it will then remain for the States to decide whether it is not safer and more economical for them to transfer the control and burden of all international and interstate quarantine to the Department

of the Federal Government. The government now has sole control of international and interstate commerce, and as quarantine against foreign countries and between the States bears a necessary and intimate relationship to such commerce, it seems wise to place the conduct of both under the same authority, especially if doing this will give the country better protection than is given by the present system of State inspection of coast quarantine.

The objections which have been made against placing this control within the Marine Hospital Service need not exist if Congress establishes a Department of Health, or a National Board of Health. Such a body would be representative, and need not conflict with the right and duty of the State to establish and control quarantine, and to exercise sole control over matters of health and sanitation, within her own limits. Besides the heavy expense of maintaining maritime quarantine which is now borne by many States, would be transferred to the National government, and these States, when relieved of this burden, would be better able, and perhaps more willing, to establish efficient boards of health to look after matters of public health within their own limits.

As Dr. Cochran truthfully says: "Yellow fever is no longer confined to the sea coast by river transportation. On the contrary, it is now known that it may be carried to the interior of the country, to the interior cities and villages by railroads and dirt roads, and by all the agencies of human travel." Cholera and other epidemic diseases, it is well known, may be similarly conveyed from place to place, leaving death and sorrow in their track. It, therefore, is necessary that every State should have a properly equipped and efficient board of health, and each county in the State should have a county board under the jurisdiction of the State board, in order that pestilence, and other preventable diseases, if they should invade the State, may be promptly met and stamped out in the beginning.

* * * *

—*From Texas Sanitarian.*

Society Proceedings.

JEFFERSON COUNTY MEDICAL SOCIETY.

In a letter to the editor of *THE AGE*, from Dr. E. H. Sholl, of Birmingham, the doctor said of the Jefferson County Medical Society :

At the regular annual meeting for the current year, held January 14th, the following officers were elected: Dr. E. P. Riggs, President; Dr. George W. Brown, Vice-President; Dr. S. L. Ledbetter, the retiring president, Censor for five years.

The year 1894 was the most prosperous in the history of the Society—22 being added during the year, which, with removals, makes our present membership 107.

Dr. Ledbetter has made a model officer.

Everything in line of sanitation in jails, school houses, poor houses, hospitals, market houses, has been thoroughly looked after, and we are trying to be fully abreast with all that improved methods may devise.

[It gives us special pleasure to note the splendid work which this large, intelligent and influential Society is doing.—EDITOR.]

THE TALLADEGA COUNTY MEDICAL SOCIETY.

This society held an important meeting, in the city of Talladega, Tuesday, January 8th.

There was a good attendance of the physicians of the city and county, and much important business was transacted.

Dr. Geo. A. Hill was unavoidably absent, and his paper was not read.

Dr. W. G. Harrison reported several interesting cases.

The following were elected officers for the year 1895: Dr. B. W. Toole, re-elected President for one year; Dr. J. W. Heacock, of Alpine, re-elected Vice-President for one year; Dr. A. G. Sims, of Renfroe, re-elected Secretary for three years; Dr. B. B. Simms, re-elected Treasurer for three years. The term of one of the Censors having expired, Dr. J. S. McCants was elected to this position for the term of five years.

Dr. J. T. Harrison, of Munford, who for a number of years has been an efficient member of the Examining Board resigned, and his son, Dr. W. G. Harrison, was elected to fill the vacancy.

The banquet given by the Society was largely attended by the physicians and some friends from the city, who were invited to be present. A number of speeches were made, which touched on subjects of importance to the medical profession, as well as to the people.

The Talladega is one of the very best medical societies in the State, and is doing good work.

WHO OWNS THE PRESCRIPTION?

One of our exchanges asks the above question, and proceeds to answer as follows:

Every physician can recall at least a score of cases in which the patient has tried the drug store first before consulting the physician. In justice to the druggists, it must be said that the public tempt them to do this thing, in some cases the latter being astonished and angry because the druggist refuses to treat them or repeat their prescriptions. If the doctor does not care to give his own medicine, he might arrange to send his prescriptions to those druggists who would bind themselves not to repeat or give copies of prescriptions. We have no doubt that some arrangement could be made by which the evil might be overcome.



GLYCOZONE

Both Medal and Diploma

Awarded to Charles Marchand's Glycozone by World's Fair of Chicago, 1893, for its powerful healing properties. This harmless remedy prevents fermentation of food in the stomach and it cures:

DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN, AND ALL INFECTIOUS DISEASES OF THE ALIMENTARY TRACT.

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One ounce of this new Remedy is, for its Bactericide Power, equivalent to two ounces of Charles Marchand's Peroxide of Hydrogen (medicinal), which obtained the Highest Award at the World's Fair of Chicago, 1893, for

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CURES DISEASES CAUSED BY GERMS:

DIPHTHERIA, SORE THROAT, CATARRH, HAY FEVER, LA GRIPPE,—OPEN SORES: ABSCESSSES, CARBUNCLES, ULCERS,—INFECTIOUS DISEASES OF THE GENITO-URINARY ORGANS,—INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY TRACT: TYPHOID FEVER, TYPHUS, CHOLERA, YELLOW FEVER,—WOMEN'S WEAKNESSES: WHITES, LEUCORRHOEA,—SKIN DISEASES: ECZEMA, ACNE, Etc.

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Hydrozone is put up only in small, medium and large size bottles, bearing a red label, white letters, gold and blue border, with signature.

THESE REMEDIES ARE PREPARED ONLY BY

 **Mention this publication.**

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

Charles Marchand

28 Prince St., New York.

SOLD BY LEADING DRUGGISTS.

“In
a
Nut
shell.”



The indications for the therapy of Pneumonia can be summed up in the two words, SUPPORT NUTRITION. In this disease the maintenance of the vitagenic force is the one predominant, over-shadowing necessity. LIQUID PEPTONIDS adequately and successfully meets this desideratum by supplying the organism with a liquid food which is easily taken, is of ready tolerance by the digestion and acceptance by the tissues. It is composed of meat, milk and gluten peptones; alimentary principles of superlative value for the genesis of a vigorous resistance to the inroads of the disease.

The Arlington Chemical Co.,

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Reed's Operation for the Radical Cure of Hernia.

Dr. Charles A. L. Reed, of Cincinnati, has published (*Lancet-Clinic*) the details of an operation which he has devised for the permanent cure of inguinal and femoral hernia. It differs from other operations in the particular of effectually overcoming the primary or casual condition, which is a dilatation of the internal ring. It is this feature which ensures the permanency of the results. The operation consists in making an incision coincident with the axis of the canal, extending from a point two inches above to as far below Poupart's ligament as may be necessary. The upper portion of the incision is carried through into the abdominal cavity; the lower portion is carried down to the sac, whether hernia be scrotal or femoral; but the middle segment of the incision is not carried into the canal. The hernia is now reduced, and the sac, reversed by invagination, is brought throughout the upper part of the incision, and bisected into an anterior and a posterior flap. The interior ring is closed with appropriate tightness by subperitoneal sutures, while the peritoneal flaps are rolled together and stitched above the now occluded

ring. The external ring is then similarly sutured and the preliminary incision is closed. Recovery takes place in a week, although the patient should remain quiet for a longer period. The operation is safe, prompt and efficient. The truss and injection treatment are condemned.

Tongaline.

A proper analysis of this compound is sure to impress any one of its therapeutic benefits, as well as its substantial and reliable composition. Formula—each fluid drachm contains, tonga 30 grs., extractum cimicifugæ racemosæ 2 grs., sodium salicylate 10 grs., pilocarpin salicylate 1-100 gr., colchicin salicylate 1-500 gr.

Backed up with the reputation of an old and reliable drug firm (Mellier Drug Company), this alone being sufficient assurance of the honesty and accuracy observed and preserved in its compounding, stamps this as a remedy par excellence for the diseases which many worthy and authentic testimonials have pronounced it a specific for.

The formula is a wise combination of potent remedies, and, unlike usual "shot gun" formulas and prescriptions, these five allies unite to form a concentrated "rifle ball" pharmaceutical product which has meritoriously become the recherche remedy for many and various ailments.

The therapy of each of its components would certainly bear a scrutinizing exegesis or synthesis, and would each be worthy of commendatory remarks, but the derivative origin of the salicylates will bespeak for all the purity and potentiality of the combination. We are assured by the honesty and pharmacy of the Mellier Drug Company that the salicylatic acid used in the composition is made from pure oil of wintergreen, in contradistinction and superiority of the cheaper acrid pro-

duct extracted from coal tar. This very much enhances the palatability, utility and reliability of the product.

To speak of the combination as a whole, well-earned plaudits will simply have to be lavished upon it in order to render the just meed of praise which pharmaceutical efforts deserve for the happy combination of so puissant a remedy.

The therapeutical indications are of a wide range, far in excess of the modest claims set forth by its authors. They content themselves by naming neuralgia, nervous headache, gout, rheumatism, la grippe and sciatica as the principal diseases for which it is indicated; but the practical physician will find this remedy a fair armament for very many diseases, especially where an anti-phlogistic and alterative treatment is indicated. Varying the size of dose, acute and chronic diseases alike are conquered by the ready assimilation and penchant which it has in searching out morbid influences.

"Calomel, tartar emetic and blister" used to be considered the old-time physician's equipment for the usual diseases that flesh was heir to. With a great deal more philosophy of medicine, this remedy might be considered as an improved "superceder" along this line. Aside from the already mentioned diseases for which it was originated, practical medicine has found it useful in almost any and all inflammatory troubles.

The list would certainly be long if all aches and pains were named over which this remedy would have a controlling influence. Acute catarrhal attacks, pneumonia in first stage, croupy conditions, asthma, in all cases of dysmenorrhœa except from mechanical obstruction, ovarian congestion, arterial perturbation from whatever cause; a soporific for that sometimes unknown throbbing condition; a liver and kidney alterative and depurant—arousing any sluggish condition of those organs into a thoroughly vitalizing activity.

Antitoxine in the Treatment of Diphtheria.

In a paper read by W. Cheatham, A. B., M. D., before the Louisville Medico-Chirurgical Society, January 4th, 1895, and published in the *American Practitioner and News*, after reciting a number of cases, and commenting at length on suggestions made by other writers, he concludes by giving the following on the treatment of diphtheria by antitoxine :

To summarize, then, what is now known of the treatment of diphtheria by antitoxine : The earlier the treatment the better the result. Larger doses, I think, will still give better results. That all symptoms usually improve within ten or twelve hours after an injection made early in the disease, say the first three days. That immunizing injections are of much service ; of 10,000 individuals receiving the preventive injections of 60 units each, only 10 developed the disease. That some mild skin affections and a few cases in which, some days after the injections were made, there were developed pains in joints and limbs and some swelling, with considerable fever, have been reported.

That the effect of the injections upon laryngeal complications is very favorable, some cases being aborted, and in those having to be intubated or tracheotomized the per centage of recoveries is much increased, and the tubes have had to be worn for a shorter time. It is said, by serum therapy tracheotomy can be entirely replaced by intubation. That the complications of diphtheria, such as sepsis, involvement of heart and kidneys, and after-paralyses are much less frequent, have been demonstrated.

That antitoxine is an incorrect name is, according to most authorities, considered true ; that it does not destroy the toxins, but renders the living cells less sus-

ceptible, is probably correct. That it does not correct sepsis is true, thus limiting its success very greatly. I myself am not yet an enthusiast on this new treatment of diphtheria. My experience with the Koch tuberculin makes me skeptical, yet one must see from the first a marked difference as to the two substances, and as to the two diseases they are to combat. I have though this much faith as to its curative powers and as to its toxicity: Should a member of my family have this dreadful disease, diphtheria, I would not hesitate one moment to use Behring's antitoxine, so-called.

Doctors of Alabama,

During the past month we have had quite an extensive correspondence with the doctors of Alabama. In this correspondence we have been more and more strongly drawn to this distinguished class of our fellow-citizens, and we conclude that a large majority of the physicians of Alabama are honest, honorable, intelligent, appreciative and independent. The many kind assurances which we have before us, of substantial support from our own physicians, in the publication of *THE AGE*, gives us an opportunity to say, that with this good year 1895 we will renew our efforts, will labor harder and more cheerfully, in this department of our work, to make *THE AGE* still more highly appreciated by our friends, and especially the medical profession of our own State.

Death of a Noted Physician.

Dr. Henry Goldthwaite, of New York, for the past sixteen years resident physician at the Fifth Avenue Hotel, and well known among its frequenters, died in his room at that house Thursday morning, January 3, 1895. He retired the night before apparently in usual health, but about 3 o'clock in the morning a ring came

from his room, and a bell-boy found him in great suffering. His son, George, who was at the hotel, and Drs. Pease and Taylor were quickly summoned. He was conscious, however, only a few minutes, and died very soon afterward of apoplexy.

Dr. Goldthwaite came of a well-known Southern family. He was born in Mobile, Ala., on April 13, 1842. His father was Judge Henry Goldthwaite, of the Alabama Superior Court. His great grandfather, William A. Graham, was Governor of Alabama and Secretary of the Navy. Dr. Goldthwaite's mother was a Witherspoon. One of her ancestors, John Witherspoon, was a signer of the Declaration of Independence and President of Princeton College. The subject of this sketch was graduated from Princeton in the class of 1860. He entered the Confederate army as a private at the breaking out of the war of the rebellion. He was promoted again and again, and served on the staffs of Generals Ledbetter and Forney. He retired at the close of the war with the rank of major. In 1865 he became connected with the firm of Brown Brothers, cotton merchants, of Mobile. Later, he studied medicine, and, coming to New York, he was graduated from Bellevue Hospital Medical College in 1876. For several years afterward he was an instructor at Bellevue. In 1878 he became resident physician of the Fifth Avenue Hotel. He was twice married, his first wife being a Miss Tarleton, of Mobile. There were two children by the first marriage. His second wife was Mrs. Caroline C. Munson, of Utica, whose daughter is the wife of Dr. Frank F. Ellenwood, of Attica, N. Y. The doctor was a member of the County Medical Society, the New York County Medical Association, the University Club and the New York Athletic Club. He was also a visiting physician to the City Hospital. The body was taken to his old home in Mobile.—*Buffalo Med. Jour.*

Editorial and Miscellaneous Notes.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.—Annual meeting at Mobile, April 16 to 19, 1895. Richard Mathew Fletcher, M. D., President, Madison, Ala.; James Reid Jordan, M. D., Secretary, Montgomery, Ala.

DR. JNO. M. CROOK, of Jacksonville, Ala., has sold his drug business and practice to Dr. Arbery, of Anniston. Dr. Crook will move to Columbus, Ga., and Dr. Arbery from Anniston to Jacksonville.

DR. THOS. T. MOORE, of Orrville, Ala., is in New York, attending the New York Polychnic. The doctor will spend three months in this school.

DR. CHARLES A. L. REED, of Cincinnati, announces the removal of his private hospital for abdominal and pelvic surgery from his former location, No. 487 West Sixth Street, to his recently acquired property in St. Leger Place, Walnut Hills. The new location is free from smoke, dust and noise, and commands an extensive view, while the new hospital meets all requirements.

MARRIED.—Mrs. Aileen Hillman and Col. Robert F. Ligon, Jr., were married, on the morning of the 7th inst., in the city of Montgomery, Ala., Rev. Dr. Rush officiating. Mrs. Hillman is the beautiful and accomplished daughter of Dr. T. A. Means.

THE REAL VALUE OF THE MEDICINAL PEROXIDE OF
HYDROGEN PREPARATIONS FOUND IN THE
MARKET.*

By H. ENDEMANN, PH. D., CHEMIST,

Formerly Associate Chemist to the New York City Board of Health.

*Abstract from the Times and Register of Philadelphia, Pa., Dec. 15, 1894.

In this valuable article, the writer states that a

standard solution of medicinal H_2O_2 must answer the following tests :

1. It should contain at least 15 volumes of available oxygen.
2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 c. c., and not more than 3 c. c., of normal volumetric soda solution, to be made neutral. Such a small quantity of free acid is not objectionable.
3. It should not contain any soluble baryta salts.
4. It must be free from sediment.

The different brands which he found on the market, being submitted to the above tests, gave the following results :

BRANDS OF H_2O_2 SOLUTIONS.		Volume of Available Oxygen determined by means of a solution containing 5.665 Grammes of Permanganate of Potash per liter of dis- tilled water.	Residue obtained from 100 C. C. of Peroxide of Hydro- gen dried at 120 degrees C.	Acidity expressed in Cubic centimeters of Normal Vola- metric Soda Solution for 100 C. C. of Peroxide.	Baryta found in Soluble Baryta Salts contained in 100 C. C. of Peroxide.
No. 1.	John Bene's H_2O_2 (Medicinal)	10.50	0.1886	2.19	None
No. 2.	Hydrozone	27.35	0.2180	3.11	"
No. 3.	Larkin & Scheffer's H_2O_2 (Medicinal)	9.65	0.1206	6.75	"
No. 4.	Mallinckrodt's " "	9.55	0.1408	1.43	"
No. 5.	Marchand's " "	16.55	0.564	1.29	"
No. 6.	McKesson & Robbins' " "	10.95	0.0540	0.44	"
No. 7.	Merck & Co.'s " "	0.50	0.2418	4.57	"
No. 8.	Oakland Chemical Co.'s " "	10.50	0.0382	0.34	0.0017
No. 9.	Peuchot's " "	10.60	0.4674	1.77	0.0018
No. 10.	Powers & Weightman's " "	8.40	0.0830	2.03	None
No. 11.	Pyrozone, 3 per cent. " "	11.20	0.0534	0.76	"
No. 12.	Rosengarten & Son's " "	3.10	0.1002	0.25	"
No. 13.	Smith, Kline & French Co.'s " "	6.15	0.0880	2.6	"
No. 14.	E. R. Squibb's " "	12.40	1.004	12.04	"

By referring to this table, it is easily noticed that brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal

uses, owing to the fact that they contain traces of soluble baryta salts.

The brand No. 3 has a heavy sediment of sulphate of baryta, which may be considered inert towards the system, but it is certainly detrimental to the keeping qualities of this preparation.

Brand No. 14, which is sold as a ten volume solution, is really twelve volumes, but it is too acid.

Brand No. 5, which is sold as a fifteen volume solution, is really 16.55 volumes, viz.: About 10 per cent. above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz.: Ninety per cent. above the standard.

None of the other brands come up to the standard, but on the contrary they run from 35 to 55 per cent. below.

A DOCTOR received the following in reply to his bill: "Dear Doctor—Don't you worry about my bill; I'll owe you forever before I'll cheat you out of it."—*N. O. Med. Journal.*

RUDY'S PILE SUPPOSITORY is guaranteed to cure Piles and Constipation, or money refunded. 50 cents per box. Send two stamps for Circular and Free Sample to MARTIN RUDY, Registered Pharmacist, Lancaster, Pa. No Postals answered. For sale by all first-class Druggists everywhere. Elam Drug Co., Wholesale Agents, Anniston, Ala. *adv.tf*

Selections.

Phenacetine in Pyrexia.—In an excellent discussion, which took place at the last meeting of the British Medical Association, on the important subject of pyrexia, Dr. R. Shingleton Smith, Senior Assistant Physician to the British Royal Infirmary (*British Medical Journal*, Nov. 17, 1894,) states that the utility and safety of the cold bath were universally admitted by all who had made a general practice of using it; but the introduction of modern antipyretic drugs had removed the disagreeable necessity of adopting the cold bath in all cases of typhoid and other fevers. He had never seen any harm from the efficient but not excessive use of phenacetine, and at this time he rarely found it necessary to adopt the cold bath method, because the temperature was controlled by simpler and less disagreeable methods. He considered that phenacetine was an advance on the cold bath, but he quite concurred in the view that the cold bath should always be held in reserve, to be used in cases of necessity. In the *Buffalo Medical and Surgical Journal*, December, 1894, Dr. G. E. Clarke, reports several cases of appendicitis successfully treated by hydrotherapy in connection with phenacetine. Aside from its value as an antipyretic, phenacetine is also of great value in fevers, for the relief of pains, restlessness and insomnia. According to Dr. Frank S. Parsons (*Med. Progress*, Nov., '94) in the treatment of pneumonia of children, the drugs classed as antipyretics are occasionally useful for the pain, irritating cough and sleeplessness. From a half to two grains can be given to infants, according to the age, but should be used only for the nervous phenomena, irrespective of temperature. Dr. Charles W. Dulles (*Med. News*, December 15, 1894,) finds phenacetine useful in the treatment of typhoid fever for controlling nervous irritability. Where the temperature suddenly runs to a point, dangerous to life in the course of typhoid fever, Dr. A. L. Munroe (*Medical Century*, November 1, '94,) advises phenacetine, which will produce perspiration and lower the temperature in half an hour, without the production of shock to the patient.

Book Notices.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Edited by Charles E. Sajous, M. D., formerly Lecturer on Laryngology and Rhinology in Jefferson Medical College, Philadelphia, etc., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors and Collaborators. In five Royal Octavo volumes of about 500 pages each. Illustrated with Chromo-Lithographs, Engravings, Maps, Charts and Diagrams. Being intended to enable any physician to possess, at a moderate cost, a complete contemporary History of Universal Medicine. By subscription. Cloth, 5 vols, Royal Octavo, \$15.00; Half-Russia, \$20.00. 1894. Philadelphia: F. A. Davis Co.

The visitation of this welcome annual visitor has always been hailed with delight, and another year has but increased its usefulness, desirability and adaptability to the wants and needs of the medical profession. The idea originating the publication of this Annual was certainly a meritorious one, and deserves the support and encouragement of all medical men. Its object is to cull from all the branches of medicine all advances and improvements made and discovered within the last twelve months of its publication, and thoroughly and well does it perform its delicate and intricate labors—sparing time, toil nor expense to perfect the work.

Each year seems but to give a new impetus to the undertaking—the last is always the best, made so on account of more familiarity with the effort, and increased facilities and redoubled energy and zeal to eclipse former editions; the laudable and commendatory ambition which should attach itself to and actuate every principle in human nature. These annual sciences have come, they have made their impress, and inquiring necessity will accord and assure them a permanent place in every well-ordered library. They are a desideratum to the busy and would-be well posted physician. At a

glance, under any given branch of medicine, is tersely narrated the progress of advanced science, told in the best way to teach and impress it, namely: by reading, engravings, maps and lithographs.

It is a splendid work; commends itself wherever it goes. Purchase it once, you will purchase it again. Its present style and finish, together with its up-to-date subject matter, can but tend to increase its popularity. Be sure to add these last volumes to your library.

HAND-BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS—Inculding the Physiological Action of Disease, Official and Practical Pharmacy, and Minute Directions for Prescription Writing. By Samuel G. L. Patton, A. M., M. D., M. R. C. P. Lond., late Professor of the Theory and Practice of Medicine in the Cooper Medical College of San Francisco, and Visiting Physician to St. Luke's Hospital. Author of "Quiz Compendis" of Anatomy and Materia Medica; "An Index of Comparative Therapeutics"; and "A Study of Speech and its Defects," formerly A. A. Surgeon U. S. Army and Brigade Surgeon N. G. of California. Fifth Edition. Revised and Enlarged. Published by P. Blakiston, Son & Co., Philadelphia. 800 pages. Price \$4.50.

The above headlines fully outline the scope of the work. It is pre-eminently practical in its general classification and arrangement. It covers a large field in a clear, compact and concise style, just elaborate enough to note all the important points on any subject in question without cumbersome repetitions.

While it is largely an eclectic and condensed compilation from reputable authors (proper acknowledgment having been given in each instance), yet there is an originality of thought and practice derived from the author's own professional career which commends the book. To the general practitioner this book is a bonanza—concentrating practical wisdom with cheapness, readiness with brevity; in a word, it is the equal of much more extensive volumes of its kind, without the superabundance of dross usually creeping in where such comprehensive effort is aimed.

THE PRINCIPLES OF SURGERY AND SURGICAL PATHOLOGY—General Rules Governing Operation and the Practical Application of Dressings. By Dr. Hermann Tillmans, Professor in the University of Leipzig. Translated from the third German edition by John Rodgers, M. D., New York, and Benjamin Tilton, M. D., New York. Edited by Lewis A. Stinson, M. D., Professor of Surgery in the University of the City of New York, Medical Department. 441 illustrations; 800 pages. Published by D. Appleton & Co., New York.

At the very beginning of an examination of this book one is impressed with its thoroughness. The "would-be" busy surgeon of to-day, it is probable, would give this volume a cursory glance, and superficially pronounce it "too slow—too much of the plodding German about it." But not so it is. It seeks to lay a firm and broad foundation on which to erect successful surgical reputation. Make haste slowly is the exemplified motto of the work, but not so in reality. Its teachings—the very latest scientific developments—so substantially inculcate the true basic principles of surgery, that science is only rightly served and many precious moments saved by knowing how and when to act. Abridgment is too much the order of the rapid American idea. We admire a certain quality and quantity along this line. We would not snatch a single laurel from American surgery; but let us understand that to "cut and carve" with exact nicety is not all the armament of a good and great surgeon. There is a great deal in knowing when not to do, rather than to do too much. The teachings of this book, well learned and applied, will make sure enough doctors and surgeons, and not mere "operators."

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The Alabama Medical ^{and} Surgical Age.

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Original Communications.

' DENTISTRY AS RELATED TO MEDICINE.'

BY B. S. RUSH, D. D. S.,

OF SELMA, ALA.

Read before the Dental Association of Alabama.

Mr. President and Gentlemen of the Alabama Dental Association:

THE subject which I shall present for your consideration is one which I consider of vast interest to the dental profession, and which I trust will be discussed at length, as I believe that an interchange of views will prove a benefit to each of us.

There is a wide field for discussion, as I will cover but little of the ground in this paper, feeling that the time can be more profitably occupied by others, who have more experience and information upon the subject than I, so if this paper does nothing more than furnish a subject for discussion, I will feel repaid for the time consumed in writing it.

That dentistry is a specialty of medicine, I think is

clear to every mind of ordinary intelligence, and the close relation which our branch of the healing art bears to medicine is equally clear to the minds of the dental profession. But viewing the subject in the light of my experience, I am impelled to ask: Does the practitioner of medicine appreciate these facts? Does he recognize the great work we are doing in the prevention of disease, and the still greater work we could do with his co-operation?

I therefore desire to enumerate a few facts, which seem to me to be of paramount interest to the medical profession, and should stimulate them to co-operate with us in the great work of the preservation and care of those organs which play such an important role in the health and happiness of the human family.

First let us consider the physiological relation that the mouth and teeth bear to the health of the individual. It is an undisputed fact that where there is proper digestion and assimilation we are apt to find general good health.

Then, if mastication and insalivation are the first processes of digestion (which physiology tells us is true), a sound healthy masticatory apparatus is indispensable.

We shall therefore pass on to the pathological conditions to which the oral cavity is subject and which can only be corrected by the science and art of the skillful dentist. I will only enumerate a few of these conditions, which come under our observation daily, and with which you are all familiar. They are caries, alveolar abscesses and pyorrhœa alveolaries, all of which furnishes a home for the gay and festive microbe.

Now, every practitioner of medicine is a sanitarian; he believes the germ theory of diseases, and he believes this because scientific investigation has left no room for doubt, that micro-organisms produce disease has been demonstrated by the scientific researches of the celebrated Dr. Koch, and others, who have gone so far as to classify the different species of these micro-organisms and cultivated them for the purpose of inoculation into animals, many experiments having been performed on the guinea pig, rabbit, mouse and other animals to prove that they do produce disease. He terms them "micrococci, bacilli, spirilla," and many other classes too numerous to mention. He says that "all ordinary suppuration, as met with in every day practice, is caused by micrococci;" he goes further, and classifies them according to the diseases which they produce, such as the bacillus pneumonia, bacillus diphtheria, the bacillus tuberculosis, and numbers of others, a detail description of which would consume too much of your time. And, in fact, he tells us "all diseases of a contagious nature are caused by these bacilli." This being true, I hold that the mouth should be freed from these disease-producing germs. They certainly exist in abundance in the pathological conditions to which I have referred. This septic matter, mingling with the saliva and the food, and rendering that which above all others should be clean, filthy. Why, we find these conditions in nine-tenths of our patients. It is not an unusual thing to find a child from four to eight years old with from one to half a dozen fistulous abscesses, and many dead teeth and broken roots, which are a source of irritation to

the gums, causing inflammation and suppuration. This mingling with the saliva and food enters the stomach, is assimilated, and various pathological conditions may follow. Now, if our medical brother appreciates these facts, I claim that it is his duty, as the guardian of health, to require the mouths of his patients to be put in a sanitary condition, and this can be easily done by sending them to the family dentist. I am constrained to believe that they do not appreciate these facts.

And to prove the truth of my assertion, I simply wish to relate a few incidents of office practice and pass this specimen around that you may see it. This was taken a few weeks ago from a patient suffering from pyorrhœa alveolaris, and this is not half.

The patient was a lady about forty years old, and a Hebrew. She came into my office, and upon inquiring what I could do for her, replied, she "did not know, but schust called in to see if I could do any dings for her deeth." She said she suffered all the time, the doctor was treating her for neuralgia, indigestion, insomnia, and many other maladies which I fail to recall.

She said: "Doctor, I can't eat any dings, I can't shleep, I can't half talk, and mine husband says he tinks my preef was a leetle pad." I heartily concurred with him on that point. Upon examination, I found she wore a partial upper plate, incisors and one bicuspid, I believe. The cuspids and several molars and broken roots were in position, and all attacked with pyorrhœa. The gums were highly inflamed, of course, and upon pressure pus and blood would ooze out from the free margins in great quantities. The palatine surface of

the place was covered with accumulations of food and salivary calculus, and looked as if it hadn't been washed since the day it was put in. She said she used to wash it, but did not any more, as she thought it fit better that way. Upon examining the inferior maxilla, I found, if possible, a worse condition. The specimen which you see was very loose, swaying to and fro with the motion of the lips and tongue; the soft tissue highly inflamed and a great deal of suppuration, pus discharging upon pressure and gums bleeding freely. I honestly believe that woman ate at least an ounce of pus a day. After much persuasion, I succeeded in getting her to let me remove the loose teeth. Catching hold of the cuspid with my fingers, I extracted it and the two right incisors. When I showed her the mass, she exclaimed, "Mine God, Doctor, you was done proke my jaw-pone already." I guess I explained in a satisfactory way, as I have not heard of a suit for mal-practice. I could not induce her to have any more removed, though I assured her that it was very injurious to her health and she could not be relieved of her trouble. The left incisors, bicuspid and cuspids and a few roots of molars are still in the mouth, and in almost as bad condition as these. Now, gentlemen, there is not a sewer in this city that is the hot bed of germs that her mouth is. The sewer is washed out daily, her mouth never; and I never in my life ran across an odor so obnoxious to my olfactories as that emanating from her mouth.

I say, then, if the physician knows these facts (and he should know them) he should simply say to his patient, "I cannot treat you with any hope of success

until you have visited your family dentist and had your mouth put in a thorough sanitary condition." And this is only one among many cases that meets the gaze of the dentist daily.

Just one other case, which will not take so much of your time, and then I will leave the subject with you.

A gentleman wanted me to examine a tooth, that he said was a little sore. I found a left superior second bicuspid badly decayed and devitalized. Upon passing a very fine Donaldson explorer up the canal, I found it passed beyond the apical foramen, and entered the antrum of Highmore. Upon withdrawing the explorer I detected the odor of pus, and it was clear to my mind that it was an abscess of that sinus. "How long has this tooth troubled you?" I ask. "Well," said he, "it ached right badly four or five months ago, but it passed off in a few days, and I have had no further trouble with it. I should have had it attended to sooner, but have been suffering with my eyes, and thought one doctor was enough at a time." "What was done for your eyes?" "Well, Dr. Blank put some 'hot stuff' in them every morning, and put stained glasses on me, and I have had a devil of a time generally." "Have you had any discharge from your nose?" "O yes; I suffered from catarrh. The doctor has treated that, also. He sprayed it with an atomizer every few days, and gave me a gargle for my throat." I then suggested that the entire trouble was the tooth, and assured him that I thought there would be no trouble in curing it. He then turned the case over to me, and I treated the abscess by enlarging the apical foramen, from which a

large quantity of pus and blood flowed. After syringing out thoroughly with warm carbolized water, the patient was dismissed with an appointment for the following day. On his return, he assured me that he had passed a good night and thought I had struck the key note to his trouble. This treatment was repeated four or five days, until there was no discharge. I then proceeded to treat as I would all alveolar abscesses, filling the nerve canal with a rope of cotton, saturated with carbolic acid. This treatment was made every other day for a week, when I was satisfied the trouble was over, as there was no sign of pus on the dressing. I then sealed the apex with Hill's stopping and let remain about ten days, during which time the patient was absent from the city, and upon his return I found that he had had no trouble, and I put a gold crown on the tooth.

The patient lived in our town about six or eight months after that and was a frequent caller at my office, as I did a good deal of other work for him, and am sure he had no further trouble. He subsequently went to his physician, and when he told him what had been done he did not present a bill.

Now this physician was at one time one of the brightest lights in the medical profession of Alabama, and enjoyed a very large and lucrative practice.

I repeat, Does the physician as a rule appreciate dentistry as he should? I do not believe he does. If he did, he would not howl so about the sanitary regulations of the city, and then try to treat patients successfully when their mouths are full of carious teeth,

alveolar abscesses and other pathological conditions, which render it a habitation for those germs which science has proven are deliterious to health.

ALBUMINURIA DURING PREGNANCY.

BY E. T. CAMP, M. D.,

OF GADSDEN, ALA.

THE subject of albuminuria during pregnancy has attracted the attention of obstetricians many years, and is well known to be associated in various ways with many important diseases during the pregnant state. Although the subject is not fully understood, there has been enough light thrown upon it to enable us to foresee the dangers that may lie in wait for women during this trying ordeal, and enable us to steer them safely through, or at least to point out the dangers that lie before them.

Before considering the significance of albuminuria in pregnancy, it is well to understand why and under what circumstances we find albumen in the urine. This is best explained by the mechanical theory of the secretion of the urine ; which is based on the one hand upon the relation of the pressure in the blood vessels to that in the urinary tubules, and on the other upon the osmosis of substances through animal membrane.

The assumption in the theory is, that all bodies are divided into crystalloid and calloid; calling those crystalloid which penetrate animal membrane without difficulty, and are easily crystallized, and those calloid

which penetrate with great difficulty, or not at all, and do not crystallize.

In applying this classification to albumen, and especially serum albumen, we find that it is a calloid body, for it neither crystallizes nor penetrates animal membrane, except under great pressure. In the kidney the blood is always separated from the urine by an animal membrane—these partitions permit the crystalloids of the blood to easily penetrate; but the calloids, under normal blood pressure, with a healthy membrane, cannot pass, and on this account we find no albumen in normal urine. Therefore, albuminuria depends upon one of two general conditions—first, increased blood pressure in the renal vessels, and second, defects in some parts of the animal membrane; this applies to true albumen.

In examining for albumen in urine of a woman, pregnant or not, it is exceedingly important to bear in mind that the frequent admixture of leucorrhœal discharges, and the products of vesical catarrhs, which are so common in this sex, materially vitiate the exactness of the examination, unless this source of error be kept in mind and carefully eliminated in the interpretation of the results. Hence it is essential to determine, in any case, whether it is true or false albumen, to determine its significance for diagnostic or prognostic purposes.

In the event it proves to be true albuminuria, it is important to determine whether or not there be cast associated with it. It is also necessary in some cases to estimate the amount of the solid constituents of the urine, especially urea and ammonia. In case of false albumin-

uria, it is necessary to ascertain whether it be blood pus or mucous that produces this condition, and when this is determined it should be ascertained what part of the urinary or reproductive passages is affected producing this false albuminuria.

Therefore, as a symptom, albuminuria is to be distinctly held in mind as significant, not only of renal inflammatory diseases, but as well of inflammatory conditions, transient or chronic, of other parts of the urinary or reproductive passages; of hemic fault, as seen in slight and grave infectious and other blood diseases; of variations of the vascular apparatus, and the parts of economy governing it; of faults of digestion and elementary excretions, and of neurotic influences. Hence, its significance is not to be regarded as absolute, but depends entirely upon the source, degree and character of the disturbance from which it arises. This is true, not only in the pregnant state, but in any and all cases in either sex.

In view of the above facts, it is apparent that the mere presence of albumen in urine *per se* is of but little significance, and to be of any diagnostic or prognostic value requires further investigation.

Albumen appearing in urine for any considerable length of time, either with or without cast, should be looked upon with suspicion, and a thorough examination made.

In case of albumen associated with cast, we have pathological changes in the parenchymatous portions of the kidney. In this condition we are liable to have uremic poison, and as a sequel puerperal eclampsia; but

in the event we have albumen with or without cast, with no diminution of the solid constituents of the urine, we would not expect puerperal eclampsia; but in case of cast, could not give a favorable prognosis, as we would likely have chronic nephritis. On the other hand, we may have little or even no albumen, with a diminution of the solid constituents of the urine, especially urea and ammonia, and we would anticipate eclampsia, as we may have uremia without albumen, and *vice versa*. This will readily explain why we have puerperal eclampsia without albuminuria.

Albuminuria of septic origin is of grave significance, both to mother and child, as it is likely to cause death of the foetus before birth, and the mother has a predisposition to puerperal septicemia. This form of albuminuria is divided into two varieties—one of a general septic condition of the mother, which may arise from any local septic condition, renal, vesical, vaginal, uterine or other parts of the economy; but the other is always local, and arises from the endometrium only. In this form the foetus is subject to the same dangers as in the other, and is more liable to perish before birth; and in the mother there is a strong tendency to puerperal eclampsia.

These cases are women who, previous to gestation, suffer from endometritis, and are found to have albuminuria during pregnancy. The hypothesis is, that there is a certain germ found in the leucorrhœa produced by the endometritis, which in the pregnant state produces albuminuria. Of twenty cases of this class, nineteen of them were found to have white infarcts of

the placenta. All of these patients except two were subject to severe leucorrhœa when not pregnant, and often colicky pains during menstruation. Bacteria were found in these infarcts, and when taken from patients who had suffered from eclampsia, as well as albuminuria, were injected into the veins of rabbits and guinæ pigs. Parenchymatous nephritis was set up; thus the morbid changes in the discidua, which cause placental infarcts, are induced by the same agency that induced the nephritis during pregnancy.

Albuminuria, due to imperfect digestion, should not be regarded as significant of any grave import, either to mother or child, unless associated with defects in the elimination of effete material.

Albumen, due to pressure on the vascular apparatus by the foetus, is to be looked upon as but little, if any, detriment to either mother or child, as it is only one of the many varieties of falsely so-called functional albuminuria.

The significance of albuminuria of neurotic origin depends upon the extent and degree of the neurosis. If it should continue for any considerable length of time in a very intense form, in all probability the impression made on the nervous centers would culminate in eclampsia; if not to that extent, would render the patient uncomfortable during pregnancy, and in an unfavorable condition to undergo parturition.

By taking a retrospective view of what I have endeavored to show, it will be seen that the mere presence of albumen in urine during pregnancy *per se* is of but little if any significance but to determine its significance, its kind and source *must* be determined.

Selected Articles.**ABSTRACT OF A CLINICAL LECTURE.****BY MR. EDMON OWEN,****LONDON, ENGLAND.**

Delivered in St. Mary's Hospital.

Spastic paralysis; talipes equino-varus. The next case I have to show is a very interesting one. T. G., eleven years of age, came into the hospital in May, 1893. He was then ten and a half years of age, and was the subject of spastic paraplegia,—that is to say, the reflex action in his lower extremities was uncontrolled, because of some affection of the spinal cord. The cells of the anterior cornu of the grey crescent of the cord are in connection with two sets of filaments—motor and sensory. The grey crescent is, in fact, a small, independent brain, responsible to the supreme authority of the encephalon. If we cut off the connection between the grey matter and the encephalon, there can evidently be no longer any direct control of the grey nerve-tissue; thus, for instance, on gently pinching the leg, we get spasmodic and uncontrolled contraction of the muscles of the limb. The reflex-action is ordinarily controlled by inhibitory filaments running from the brain to the grey matter of the cord through the antero-lateral column of the cord: and if anything happens to interfere with the integrity of these filaments, the reflex acts lose inhibition and run riot. They had run riot in this boy. As he attempted to walk, contact between his foot

and the ground caused spasmodic contraction of the muscles to take place, and he walked in the manner characteristic of spastic paraplegia, as I will demonstrate shortly in another case. He walked with stiffened legs, scraping his toes along the ground. In this boy the spastic paraplegia was not extremely well marked, but it was sufficiently obvious. There was spasmodic contraction of the calf muscles particularly, causing elevation of the heels, so that as he walked his toes were constantly catching on the ground. Moreover, the feet were constantly extended and inverted, in the position of talipes equino-varus.

The question was, what could be done for him? Through some disease of the antero-lateral columns of the cord, he had lost inhibition in his legs and feet centres, and it was altogether a most unpromising case for treatment. But we thought we would give the boy a chance by the open operation of Phelps, of New York, for talipes equino-varus. The result is, that he now stands with his feet perfectly flat; there is neither inversion nor eversion, and, although there is still some clasp-knife action, he walks, so far as my part of the business is concerned, a perfect plantigrade. You will see the high stepping action as he goes along the floor, but, fortunately, his central nervous affection has greatly improved.

The case has made a considerable impression upon me, because, from a surgical point of view, it was extremely unpromising. I can remember the time when a surgeon would have refused to operate upon a case of talipes equino-varus, or any other form of talipes, which

was secondary to central nervous disease, because the outlook was so poor. All such miserable cripples were therefore left without efficient treatment, and were allowed to drift on from bad to worse. I would not have operated on this boy had I not been particularly conversant with the operation of Phelps—a man who has done a great deal for orthopædic surgery, and who is, by-the-by, a general surgeon, not a special orthopædist. I think the time is coming when all bad cases of talipes equino-varus, except in very young children, will be operated upon in this open method. It seems to me, at least, to be inevitable. Here, truly, is a happy result of the thorough operation. All the credit of it is due to the large view and bold treatment of my American colleague, Dr. A. M. Phelps. I am not depreciating specialism altogether, but I have no hesitation in saying openly that I think specialism is going a little too far. May I here remark, that probably the greatest advance that has been made in recent years, in connection with the treatment of skin disease, was made by a general, not a special, physician—the treatment, namely, of inveterate cases of psoriasis by thyroid extract. If a man works within too narrow limits, he is apt, I think, to lose sight of great principles, and take a contracted view of his surroundings. I do not say that he *is*, but certainly he is apt to be, like a man working in a valley; and in his work he is apt to develop a certain amount of professional myopia.

PHELPS' OPERATION.

A word or two with regard to Phelps' operation :

The old-fashioned and orthodox treatment of club-

foot consisted in the subcutaneous division of tendons and fascia—division of the tibialis posticus, the flexor digitorum, and, perhaps, the plantar fascia. Then, with a good deal of subsequent manipulation and tedious working with a mechanical Scarpa's shoe, the foot was got into a more or less satisfactory position. Afterwards the tendon of Achilles was divided. This large tendon, you remember, was divided last of all. It was left for the purpose of acting as a fixed point, so that from it the surgeon might be able to exert, with Scarpa's shoe, a certain amount of flexion and eversion. But if you happen to be dealing with a slight case of talipes equino-varus, it will very likely suffice, if you divide only the tendon of Achilles. When this is effected, you may be able to correct a very considerable amount of inversion, as well as extension of the foot. I would, therefore, strongly advise, in every case, division of that structure first. That is a great point, but not an original one, in Phelps' operation. It is characteristic of Phelps' operation that, instead of dividing the inverting structure subcutaneously, the open method is employed, so that the surgeon can see exactly what he is doing, and thus divide nothing that does not require division and everything that does.

(The last paragraph does not quite state all. The other reason, and by far the most important is, that the skin cellular tissue and fibrous tissue on the inner side of the foot are short, and these tissues must be lengthened either by cutting, tearing or stretching, before the foot can be brought to a super-corrected position, and cutting is the least harmful and most rapid—hence the open cut.—Phelps.)

The incision is made, as I show you in this other child, from the dorsum of the foot across the inner side, just over the head of the astragalus, and is carried down to the sole. The internal saphenous vein is possibly divided, though it is often seen and avoided. The deep fascia has then to be cut, as it covers the abductor hallucis; then the tendon of the tibialis posticus which supports the head of the astragalus, and the tendon of the flexor longus digitorum underlying the head of the astragalus. Going a little further, the surgeon opens a joint between the astragalus and scaphoid. Now comes what I consider to be the most important point in the whole operation—the anterior part of the internal lateral ligament is freely cut. You remember how this ligament is arranged. The anterior fibres are not connected with the astragalus, but run over it to be attached to the scaphoid bone. The anterior part of the internal lateral ligament is peculiarly tight and resistant in talipes equino-varus, and, more than any other structure, requires attention. As soon as that is done, the foot is everted, and the joint between the astragalus and scaphoid opened up. The other resisting structures in the foot are then dealt. Amongst them will come, I dare say, the middle piece of the plantar fascia, which is the strongest part, and, very likely, the flexor brevis digitorum. Then the inferior calcaneo-scaphoid ligament has to be divided, because it is holding the tuberosity of the scaphoid up against the sustentaculum tali. The position of the foot is to be improved by increasing the length of the inner border, and that can only be done by opening the joints between the astragalus and

scaphoid, a measure which is impossible without division of the inferior calcaneo-scaphoid ligament. After every cut the surgeon wrenches the foot into a slightly improved position; he goes step by step, feeling his way, as it were, with the tip of his finger and the end of his scalpel. Perhaps before the foot can be got into the proper position the long and the short calcaneo-cuboid ligaments have to be divided. After that, the surgeon gives another wrench and gets the foot into an over-corrected position. He dresses the wound lightly with some antiseptic gauze, loosely filling the large cavity, and then he secures the foot in lateral splints of house flannel and plaster of Paris.

It may not be amiss to compare, for a moment in passing, this operation with other radical operations on the foot, which consisted in the removal of the wedge-shaped piece from the outer border of the foot. If the apex of the wedge is brought far enough inwards, and the base is sufficiently wide, the foot can then be straightened out and brought flat. But this improvement is obtained at the expense of the length of the foot. Different varieties of these operative procedures bear the names of different surgeons—Davies Colley and Richard Davy—and there is yet another, and a very excellent one it is, which consists in the removal of the astragalus; it bears the name of a well-known provincial surgeon—Lund, of Manchester. These various procedures have emanated during the last few years from pioneers in orthopædic surgery, all of whom, by-the-by, were general surgeons.

All of these operations, useful as they have been in

the evolution of the surgery of club-foot, affected their improvement by shortening the external border, or sacrificing some part of the foot; but Phelps' operation improves the position of the foot, not by shortening or sacrificing anything, but by lengthening the internal border of the foot, and I am satisfied that it is of a very great importance.

The wound having been dressed in the case of this boy, operated on as described, on May 16th, the foot was wrenched around into the over-corrected position and encased in lateral splints of house flannel and plaster of Paris. Then for five weeks it was not interfered with. Only to-day the second dressing was taken off, two weeks having elapsed since the first was removed. When the dressing was removed the wound was almost healed, and, as you will see, it must have been an extensive one originally. Mr. Kellock, who, with me, operated on one of this boy's feet, some time ago, suggested and carried out an ingenious modification in the detail: As soon as the foot is lengthened out, there is a considerable amount of slack skin upon the dorsal and outer aspect of the foot; so, after the deep operation-wound on the inner side of the foot had begun to granulate, Mr. Kellock raised a large flap of this redundant integument and slipped it into the wound. This graft has done well, and its growth has materially expedited the healing.

(No matter how wide the wound has gapped, in my experience it has always filled in perfectly within six weeks, and within a short time the redundant skin on the outside of the foot has been absorbed. With these

observations in mind, I think I would hardly resort to a plastic operation in any case, although I would not condemn the practice.—Phelps.)

The old treatment by Scarpa's shoe required a great deal of attention on the part of the surgeon, who required, in private practice, to make almost daily visits to see how the case was going on, to assure himself that the foot was bearing the restraint, and to alter the screws. According to the new procedure, the foot is put up in plaster of Paris, and so left for three or four weeks, the patient being allowed to walk about within a week of the operation.

(Mr. Owen is right in teaching that contraction following paralysis should be lengthened by operation. The senseless prolonged painful stretching treatment, followed by some orthopædists, is to be deplored. It will be abandoned in the near future. It is as unscientific to attempt, by machines, to stretch these contracted muscles and tendons, as it is to follow the same plan of mechanical treatment with the remunerative tendo Achilles Dupuytren contraction and plantar-fascia, now so popular in the circles of certain mechanicians. These paralyzed muscles should be lengthened by interposing an abundance of new tissue, and not by stretching. The latter nearly always relapses, making it remunerative for the mechanic, while the cases operated upon do not—or at least very seldom—relapse, and the usefulness of the foot is very much superior to those treated by stretching.)

[Abstracted by A. M. Phelps, M. D., Professor of Orthopædic Surgery, Post Graduate School and Hospital. Professor Orthopædic Surgery, University of Vermont. Professor of Orthopædic Surgery, University of New York City and Surgeon to the New York City Hospital.]

SUCCESSFUL USE OF GOLD IN TWO CASES OF NERVOUS DISEASES.

BY J. ALEXANDER WADE, M.D.

DANBURY, CONN.

The two following cases, successfully treated with arsenauro, are of interest from the unusual array of symptoms presented, their long standing and obstinate refusal to yield to any sort of treatment, and I consider it my duty to present them to the many readers of the *New England Medical Monthly* for their consideration, with the hope that their history may lighten the labor and relieve from an embarrassing position some professional brother who, like myself, becomes non-plussed in the treatment of such cases.

It will be noted that the first case in particular is unique in so many of its phases, the disease so tardy in yielding to the treatment varied so often by myself, as well as by the many other physicians under whose care she has come from time to time during the last ten years, and the complete recovery which followed the use of the remedy used, makes it, I am confident, a valuable addition to the therapeutics of such cases.

Mrs. A., American, married, 34 years of age, the mother of one child, came to me with a history of extreme nervousness ever since the period of puberty, i. e., since she was 14 years old. The menstrual function was unaccompanied by any irregular symptoms, nor could I find that the condition present was due to any diseases or reflexes, either from the uterus or ovaries, while a very critical examination of these organs showed them to be perfectly normal.

She said that she had had innumerable doctors, had tried almost all remedies, both regular and irregular, in spite of which she had gradually but surely grown worse. I found that seven years ago she had had an attack of paralysis "hemiplegia," since which time there have been frequent attacks of loss of sensation and hearing.

She first came under my care in December, 1893, and from a neurotic stand-point it was as pitiable a case as ever came under my observation.

After a very careful and minute examination, occupying several visits, I made the diagnosis of neurasthenia, complicated with a severe form of hysteria. The treatment was varied at different times, and I ran the gauntlet of nearly all of the remedies laid down in the text books for this complication. Nerve sedatives were given, such as valerian, asafoetida, sumbul, bromides, chloral, sulfonal, and the like, conjoining them with tonics like iron, arsenic, strychnia, phosphorus, the hypophosphites, etc., in many forms and combinations, while I also attended carefully to the clothing, diet, exercise and amusements, but at best I was only enabled to give my patient temporary relief.

During the following three months she developed many of the various motor, sensory and physical phenomena, such as convulsive seizures with retention of urine, hiccough, vomiting, while a phantom tumor of the abdomen existed, associated with flatulent distention of the intestines.

The sensory phenomena were loss of sensation on one side, usually the right, though sometimes the left, loss

of taste, smell or hearing. At other times, there would be extreme hyperesthesia, with pain in the stomach and exquisitely painful abdomen.

There was also hysterical *clavus neuro-mimesis*, intense pain over the heart, and *globus hystericus*.

The psychical phenomena were lack of will power, very excitable, easily moved to tears or laughter.

During the attacks of the greatest severity she would compose readily, music, which was beautiful in its character, though when in her normal condition she did not know one note from another, and could hardly raise a tune. In this state she would repeat long poems, sometimes originating them herself, at other times quoting from the leading authors. A careful examination, when in her normal condition, revealed the fact that she knew nothing of these performances at the time when they were enacted; she could not make the simplest rhyme, nor did she remember of ever having read any of the many authors whom she so freely quoted.

About nine months ago, in consulting with Dr. Wile, of this city, in reference to this case, he recommended me to use *arsenauro*.

I commenced using it at once, giving my patient five drops three times a day, which dose has never been increased.

The course of this case was uneventful. The improvement was apparent within a week after commencing the remedy, and my patient gained in health, weight and happiness, and was discharged, cured, about two months ago.

I have frequently seen her since, and she informs me

that there has been no return of any of the symptoms; in fact, to use her own language: "Doctor, look as me; I'm as strong as Samson."

My second case was that of a merchant, Mr. A., aged about 45, father of a family, all in fairly good health. He had long been suffering from tetany, and when I was called in, in August, 1893, I found the patient in a bilateral tonic spasm in both arms and legs.

In this case the usual remedies were exhausted, including the bromides, chloral, belladonna, hydro-chlorate hyoscyamine. etc., with baths, friction, careful attention to diet and secretion, together with baths and friction. The attacks would occur with intervals of from two to six weeks.

Three months ago I placed my patient on arsenauro, and since that time he has been free from all attacks. He has grown in weight, and he tells me he feels decidedly better.

In this case I commenced with five drops three times a day, increasing it to eight drops.

This case I have still under my observation, but am certain that arsenauro has given me by far the best results of the many drugs that I have used.—*New England Medical Monthly.*

RUDY'S PILE SUPPOSITORY is guaranteed to cure Piles and Constipation, or money refunded. 50 cents per box. Send two stamps for Circular and Free Sample to MARTIN RUDY, Registered Pharmacist, Lancaster, Pa. No Postals answered. For sale by all first-class Druggists everywhere. Elam Drug Co., Wholesale Agents, Anniston, Ala, *adv.tf*

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The Medical Association of the State of Alabama.

The Secretary, Dr. J. R. Jordan, has sent out the following notice of the meeting of the State Association :

The annual session of the Medical Association of the State of Alabama, for the current year, will be held in the city of Mobile, commencing on the third Tuesday in April (16th) at 12 o'clock noon, and will continue four days.

Every County Medical Society is required by the Constitution of the Association to send to every annual session two (2) delegates to represent its interests and wishes, together with the annual fee of one dollar for every one of its members, not a Counsellor or a Delegate. Members paying this fee will receive each one copy of the Transactions in return. Every County Medical Society is also required by the Constitution and Ordinances of this Association TO SEND UP AN ANNUAL REPORT in relation to the current status and work; said report to contain the following items of information :

First—The revised Register of the county societies, and the practitioners of the county who are not members of the society.

Second—A full account of the work of the society, number of meetings held, average attendance, papers read, etc.

Third—An account of work done by the Board of Censors—as Censors, as a Board of Medical Examiners and as a Committee of Public Health.

IT IS EARNESTLY HOPED that great care will be taken to have these reports full and accurate, especially as to recording of full names and college of graduation, and date and county from which certificates were received. Upon the death of a member, the date and college of graduation, date of death, and the disease from which he died, should be accurately given in a foot note in each report, together with a brief sketch of his life and labors. These points are of essential importance, and the Association lays great stress upon them. All reports in any way defective will be returned for correction and amendment. * * * * *

It is desirable that the approaching session of the Association should be numerously attended. It is therefore hoped : (1) That every Counsellor will consider it *duty* and *privilege* to be at his post. (2) That every county society will come up to the full measure of its constitutional obligations by sending its *full complement of delegates*. To secure this, it is suggested that each county should provide for the payment of a part, or the whole, of the expenses of a delegate.

Regular reports will be submitted on the following subjects, viz.:

1. James Thomas Searcy, M. D., Tuscaloosa—The Defective and Dependent Classes of Alabama.
2. George Summers Brown, M. D., Birmingham—The Mental State as Conducive to Organic Disease.
3. Henry Tutwiler Inge, M. D., Mobile—Interesting Cases in Practice.
4. Isaac LaFayette Watkins, M. D., Montgomery—Report on Gynæcology.
5. Benjamin Leon Wyman, M. D., Birmingham—Recent Progress in Brain Surgery with Special Reference to Cerebral Localization.
6. Tucker Henderson Frazer, M. D., Mobile—Inflammation of Serous and Fibro-serous Membranes of Constitutional Origin.
7. Goldsby King, M. D., Selma—Surgical Shock.
8. Andrew Boyd, M. D., Scottsboro—Reflex Neurosis from Male Generative Organs.

THE OMNIBUS DISCUSSION.

The attention of members is called to the fact that the plan of the omnibus discussion has been changed, so that the discussion will be based on the volunteer papers that may be presented. These papers will be read in the order in which they are presented to the Secretary, and each one will be submitted for discussion as soon as it is read.

It is of the greatest importance that *every* society should be represented in every meeting of the Association, and it is earnestly hoped that none of the societies will fail to make such arrangements as will render their representation certain.

The American Lancet.

The Lancet has been one of our most highly appreciated exchanges and we part with it with decided regret. Dr. Leartus Connor, the able and efficient editor for twenty-four years, retires from his journalistic work to give his attention to his private practice.

Dr. Connor in concluding his last editorial says :

"*The American Lancet* has done what it could to promote the advancement of the profession along the highest lines coincidently with the marvellous changes in and out of the profession of medicine during the past twenty-four years. It has encouraged young men to acquire the art of writing, and old men to continue in the practice of this art, to the end that more facts and experiences of value might be placed upon the written record of the profession. It has encouraged medical society work and sought to multiply medical society workers. It has never neglected to encourage every effort for sound medical education along such lines as experience has shown to be the wisest. To repress the false and develop the true in all directions of the science and art of medicine and among medical workers, has been its constant aim.

"With feelings of regret in parting with such congenial companions and such noble work, the writer lays aside the editorial pen of *The American Lancet*."

In the same issue the publisher, Mr. Geo. S. Davis, says :

"Indeed, to such a degree has the *Lancet* been the creature of Dr. Connor's peculiar qualifications that it is deemed futile to seek a successor able to supply his place in the esteem of its subscribers. Hence the reluctant announcement that the present issue of the *Lancet* is its last."

The First American Symphyseotomies.

Dr. Charles Jewett, of Brooklyn, N. Y., furnishes the *New York Medical Journal* of February 24, 1895, with the following interesting letter, which we reproduce because it will be remembered that it was through the medium of this journal that the claim of Coggin was knocked into a skyrocket, and we hope the *Texas Medical Journal* will make a like investigation in the interest of the medical profession.

Dr. Jewett says :

"In a recent number of the *Philadelphia Medical News* appeared an article under this title. It was published as an editorial, but was evidently inspired, if not mainly written, by the eminent statistician, Dr. Robert P. Harris. It places on record three symphyseotomies said to have been done before Pinard, of Paris, first operated.

"It is stated that Dr. Joel O. Williams, now living in William Penn, Washington County, Texas, a town of twenty-nine inhabitants, did three pubic sections, one in 1880, one in 1884, and one in 1889. An humble practitioner in an obscure settlement of less than a score and a half of people professes to have been the first in all the world, outside of Italy, to follow the example of Morisani. Yet not a particle of medical evidence is adduced to support the allegations of the claimant. No other physician was present at the alleged operations, nor is the testimony of any of the doctor's colleagues invoked in proof of the truthfulness of his assertions. The acceptance of these reports is based in one case on the affidavit of the woman said to have been operated upon, and in another on that of an alleged lay witness. Coggin's claim, it will be remembered, rested on similar affidavits, a method of proof for which a physician

in good repute among his fellows could have no use in substantiation of a mere scientific statement of medical facts.

"Of one of his cases Dr. Williams says, 'the pelvis was so contracted transversely that it was with some difficulty that two fingers could be passed,' a condition in which delivery by symphyseotomy would have been clearly impossible. Yet the child, he tells us, was extracted by forceps and saved, and that, too, after the mother had been for two or three days in labor and for thirty-nine hours in convulsions. Singularly enough, no laceration, hæmorrhage, sepsis, or other operative complication appears to have occurred in any of these cases.

"Brilliant as were these successes, nothing was known of them in all these years by the local profession. Remarkable as was the surgical genius implied in so bold a departure as symphyseotomy would at that time have been, especially in a rural district, Dr. William's fellow practitioners, as diligent inquiry has shown, did not till now know that he made any pretense to operative work of any kind. Reputable physicians in the two counties in which the doctor has resided, including members of the State Board of Medical Examiners, denounce the story as preposterous. Not one can be found who believes it. More than that, recent investigation by the local profession, as I am credibly informed, has disproved it.

"It is to be regretted that our distinguished American statistician should have lent his indorsement to such ill-founded claim as this and the Coggin recital. Until these reports of early American operations can be made to bear at least the semblance of truth, the credit for the general revival of symphyseotomy must be accorded to Pinard, of Paris. So far as yet appears, he performed the first modern pubic section outside of Italy."

Editorial and Miscellaneous Notes.

VARIOUS forms of neurasthenia are frequently cured by the use of Celerina, after the usual treatment with nux vomica, damiana, phosphorus, quinia, arsenic, iron, etc., have failed.

THE commencement of the Birmingham Medical College will take place on the 28th of this month, at Seale's Hall, at 8 o'clock p. m. The exercises will be opened with prayer by Rev. Dr. Morris, and an address will be delivered by Capt. Jos. F. Johnston.

MESSRS. JOHNSON & JOHNSON, of New York, have published a very interesting brochure entitled Kola, which gives a history of the plant and its fruit, including its bibliography, which latter occupies seven pages of the pamphlet. A review of this literature is then presented, accompanied by illustrations.

This monograph will be furnished on application to the publishers, Messrs. Johnson & Johnson, 92 William street.

OFFICE OF ASA HERR, M. D., 1311 Main St., }
Dubuque, Iowa, Dec. 5th, 1894. }

Theodore Metcalf Co., Boston, Mass.:

Dear Sirs:—The bottle of your Coca Wine, mentioned in yours of the 3rd, came duly to hand, and has been all used in a lady patient with threatened lung trouble and great debility, with depression of spirits. She improved greatly under its use. Should she seem to demand it, I shall resume the administration of your Coca Wine, and bear it in mind for other cases.

Thanks for your favor. I remain,

Very truly yours, ASA HERR, M. D.

CELERINA in combination with Aletris Cordial is used with marked success in cases of nervous debility arising from uterine derangements.

DR. CHARLES DAY, M. R. C. S., etc., 79 St. Mark's Square, West Hackney, London, writes, on January 17th, 1893 :

"I have prescribed your preparation, IODIA, with very satisfactory results. Its power of arresting discharges was very manifest in a case of leucorrhœa, and another of otorrhœa. In the latter case, the result of scarlet fever in early life, the discharge had existed for many years. The patient could distinctly feel the action of the IODIA on the part, and the discharge gradually dried up."

MESSRS. SCHULZE-BERGE & KOEHL, 79 Murray street, New York, announce that they are sole agents for the United States for the diphtheria antitoxin-Behring. In order to protect physician and patient, they are willing, although contrary to their custom, to sell direct to physicians and retail pharmacists, who are unable to obtain promptly the remedy from their dealers, at the following prices, accompanied with the cash :

No. 1, green label, 600 antitoxin units, \$1.90 ; No. 2, white label, 1,000 antitoxin units, \$3.50, and No. 3, red label, 1,500 antitoxin units, \$5.25.

IN MIGRAINE, Tchentius employs with success the following, viz.:

Phenacetine	3.00 gm.
Caffein. Sod. Salicyl . . .	0.15 "
Quin. Muriat	0.05 "
Saccharin	0.01 "
Mx. Hastill No. X.	
1 Pastille pro dosi.	

—*Therap. Blatt.* 1893, No. 9.

AFTER an attack of the grip the patient finds himself in a state of extreme weakness and prostration, from which condition he is tediously brought to his former good health. Remedies which stimulate his exhausted nerves too vigorously do so at the expense of his general condition. Then comes the relapse. Syr. Hypophos. Comp. McArthur conveys to the tissues the revivifying and vitalizing agent phosphorus in its most oxidizable and assimilable form. Thus the true vitality of the nerve structure is restored by renewing the nutrition of the tissues themselves.

CATARRHAL AFFECTIONS.—An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche or syringe, is prepared as follows :

R _x	Acidi Boracici	3i
	Sodii Boras	3i
	Sodii Chloridi	3ss
	Listerine	3ii
	Aquæ Puræ	3vi M.

CHRONIC RHINITIS.—In the remedial treatment, the following has proven of service, used with the atomizer twice or thrice daily. If used as a douche, dilute with two or three parts water. Note: The Iodine is decolorized in preparation, a clear solution of light amber color resulting :

R _x	Sodii Boras	3ss
	Sodii Bicarb	3i
	Aquæ Puræ	3ii

Dissolve and add :

	Acid Carbol	grs. xv
	Tr. Iodi	3ii
	Listerine	q. s. ft 3vi M.

Mr. F. A. Henry, R. & H. Pharmacal Co., Louisville, Ky.

Dear Mr. Henry:—Your favors reminding me of the value of and the care exercised in preparing your well known combinations have been received. I recognize the value of such combinations as your Three Chlorides and Tri-Iodides, and my confidence in you, confirmed by personal acquaintance, is shown to be merited by the satisfactory results obtained by your preparations. My knowledge of your ability and the uniform good results the Three Chlorides and Tri-Iodides have given me, makes it a pleasant duty to acknowledge my appreciation of your care, which enables the profession to secure reliable preparations of these valuable combinations. I assure you that whatever encouragement and assistance I can afford you in your efforts to supply us with elegant and useful combinations, shown to be reliable by bearing your stamp, I will take pleasure in giving. I know that the drugs entering into your combinations are very old remedies, but don't you think you *abuse* them by calling them "antideluvian remedies?" or do you base your statement on the evidence of the use of iron, arsenic and mercury in their native compounds, by the ancients in antideluvian times? Many, I think, would consider this an exaggeration, and although of no amount might naturally lead them to infer that in like manner your statements of the value of your preparations were exaggerated, don't you? I will bear in mind your suggestions that the Tri-Iodides may prove a useful topical application to the nose and throat and will, when opportunity is afforded, make use of it. Wishing you continued success and your products the recognition their careful preparation and unquestionable merit entitles them to,

I remain yours sincerely,

ORVILLE A. KENNEDY.

Central University, Richmond, Ky., Jan. 7, 1895.

THE THEODORE METCALF Co., of Boston, has a page ad. in this issue of THE AGE, to which we call the special attention of our readers.

DR. I. L. WATKINS, one of the best and most favorably known gynecologists in the South, has a notice of his Sanitarium in this issue of THE AGE.

ANY physician who wishes to sell his practice, or any druggist who has a drug store for sale, can advertise in THE AGE free of cost until sale is made.

THE 46th annual session of the American Medical Association will be held in the city of Baltimore, Md., beginning on Tuesday, at 10 o'clock A. M., May the 7th, and continue in session four days.

A GOOD LOCATION.—We can offer to a good physician a good location, in one of the best towns in Alabama. For all particulars, address THE ALABAMA MEDICAL AND SURGICAL AGE, P. O. Box 500, Anniston, Ala.

According to the *Medical News*, the first symphyseotomies in America were made by Dr. J. O. Williams, of William Penn, Texas. The first was on April 29, 1880, at Dennison, Texas; the second on July 15, 1884, and the third in May, 1889, both in Washington county, Texas.—*Lancet*.

We call special attention to the half-page ad. of "THE THOMPSON LABORATORY," of Washington, D. C. "AMBROSIA ORIENTALIS" is a powerful nerve and brain tonic, and a stimulant of the reproductive organs. Read their ad., and give this preparation a trial in cases where indicated.

NEXT month, every doctor in Alabama, who can possibly do so, ought to go to Mobile. The Medical Association will convene on third Tuesday at 12 o'clock M., and continue in session four days. Mobile is a delightful city, and her doctors and the people have, on more than one occasion, shown their appreciation of the Medical Association, and all the members who ever attended a meeting in that city will be glad to go again.

THE OPIUM AND COCAINE HABIT.—When it is necessary to relieve pain, the physician often hesitates to give morphine, for fear of laying the foundation for the opium habit. This is also true when chloral or cocaine is used. No habit is ever produced from the use of Antikamnia, while it has power to control pain not less than that of opium. Therefore, there need be no fear in this line of prescribing "Antikamnia, Quinine and Salol Tablets," composed of Antikamnia 2 grains, Quinine 2 grains, and Salol 1 grain.

RUSSIA'S EMPRESS GAINS STRENGTH.--The producers of "Mariani Wine" (Vin Mariani) should, according to report, soon have a splendid market in Russia for their nerve and brain tonic, as the Dowager Empress has, at the suggestion of the Prince of Wales, drunk it since the death of her consort, with the most remarkable and beneficial results. It seems that Her Majesty is one of the many delicate persons with whom stimulating drugs like quinine, iron and Peruvian bark disagree, but such is not the case with the wine tonic referred to. It is well known that the Princess of Wales also derived increased strength of brains and nerves from it during her last great trials. Moreover, in consequence of the benefits obtained by the Empress, a great demand for this tonic has sprung up among ladies of Russian aristocracy suffering from "nerves."
—*The Court Journal*, London, Jan. 12, 1895.

Book Notices.

TEXT BOOK OF MEDICAL JURISPRUDENCE AND TOXICOLOGY.

By John J. Reese, M. D., late Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania; late President of the Medical Jurisprudence Society of Philadelphia. Fourth Edition. Revised by Henry Leffmann, A. M., M. D., Ph. D. Published by P. Blackiston, Son & Co., 1012 Walnut street, Philadelphia. Price, \$3.00.

For the general practitioner and medical student, there is no more concise and practical work than the one before us. The publishers call attention to some important facts which reproduce after a careful perusal of the book.

This well-known book has been thoroughly revised by Dr. Henry Leffmann, Professor of Chemistry and Toxicology in the Woman's Medical College of Pennsylvania; Chemist to the State Board of Health; Pathological Chemist to the Jefferson College Hospital, etc., assisted by Dr. C. K. Mills, Professor of Medical Jurisprudence in the University of Pennsylvania, and Dr. W. M. Late Coplin, Adjunct Professor of Hygiene and Acting Professor of Pathology in the Jefferson Medical College.

Dr. Mills contributed many additions to the chapter on insanity, and Dr. Coplin revised those portions of the text relating to causes of death, examination of blood and seminal stains, etc.

In all the work of revision the purpose of the book has been kept in view. It is intended as a students' text-book and a reference work for general practitioners. On the publication of the first edition it attained immediate popularity, and has held its place ever since. Its distinguished author had an unusually wide experi-

ence as an expert, as well as a teacher of the subject, and brought, therefore, to the preparation of the work an extended knowledge of facts and a high capacity for expressing them in clear and correct language.

SYLLABUS OF GYNECOLOGY, BASED ON THE AMERICAN TEXT-BOOK OF GYNECOLOGY. By J. W. Long, M. D., Richmond, Va., Professor of Gynecology and Pediatrics in the Medical College of Virginia, etc. W. B. Saunders, Philadelphia; 1895.

This Syllabus, arranged in conformity with the "American Text-Book of Gynecology," will meet with hearty approval from all those who have read that exceedingly exhaustive and practical work. It is, in fact, a valuable supplement to the larger work, and the author deserves the thanks of the profession for its thorough and systematic preparation. The different subjects are carefully arranged and grouped in tabular form, and the author, while adopting the classifications of the Text-Book, has not hesitated to express his own views, derived from his extended practical experience, whenever occasion in his judgment required it. The chapter on Ectopic Gestation is a very thorough resume of the text, as well as a most concise and terse collaboration of the latest and most approved views on this interesting subject. This Compendium, as a whole, will prove of exceptional value, not only in the lecture room, but also to the general practitioner as a convenient reference and aid in diagnosis. Such eminent specialists as Drs. Emmet, McMurtry, Penrose, Byford, Skene, Opie, and others, have already given it their endorsement, and Dr. Howard Kelly commends it as "filling a much needed place for the man who wants to get the gist of the subject in a short time, particularly before going to an operation."

After a careful examination, we find the above review by Dr. Long's home journal, the *Virginia Medical Monthly*, to be a clear and fair commendation of this work, and we endorse and reproduce it for the benefit of our readers.

DISEASES OF THE EAR—A Text-Book for Practitioners and Students of Medicine. By Edward Bradford Dench, Ph. B., M. D., Professor of Diseases of the Ear in the Bellevue Hospital Medical College; Aural Surgeon New York Eye and Ear Infirmary; Fellow of the American Otological Society, of the New York Academy of Medicine, of the New York Otological Society, of the New York County Medical Society, etc. With Eight Colored Plates and One Hundred and Fifty-two Illustrations in the Text. Published by D. Appleton & Co., New York.

The longer the honest, pains-taking and careful physician practices medicine, the better prepared is he to appreciate the importance and the necessity for a practical work on the diseases of the ear, for in active practice it is but too frequent that the general practitioner meets with cases which suggest at once the importance of a work on this disease, and his special need for such a work. After a careful reading of this book, we reach the conclusion that it will be found to meet this want, and every physician, whether specialist or general practitioner, will find it an invaluable addition to his library.

In the first chapter the author gives the anatomy of the ear. In the second chapter, the physiology of the ear. The third chapter, physical examination. The fourth chapter, functional examinations. There are forty-four chapters devoted to diseases of the ear, with treatment. There are eight colored plates, which clearly and perfectly illustrate the nerves supplying the ear, and also the arteries and veins. There are 152 illustrations in the text.

The author has not hesitated to give his own experience in the treatment of cases, and, at the same time, admits that he has pursued an independent line of thought and practice, which has given favorable results. For instance, he says :

“In advocating operative procedures upon the middle ear, and in devoting much space to the subject of middle-ear operations, I am aware that I shall not have the support of many distinguished colleagues. As a careful reading of the chapter will show, I have written from personal experience, and if my results differ from those of other operators, I suggest that the selection of cases suitable for operation, according to the principles detailed in previous chapters, may account for the favorable outcome of the operation.”

Any physician who may desire to select a book on Diseases of the Ear will make no mistake by purchasing the work here described.

BLOODSERUM - THERAPY AND ANTITOXINES. By George E. Krieger, M. D., Surgeon to the Chicago Hospital, etc. With illustrations. Chicago: E. H. Colgrove & Co., 1895. Pp. 5 to 68. Price, \$1.

No book has reached our table for review which has interested us more than the little volume before us. “Antitoxins” is a subject which every physician who is keeping up with the progress in medical and scientific questions feels a special interest in at this time, and we cheerfully commend this book as a most valuable help in the investigation of the subject treated. The publisher says of it :

“Krieger’s book on Bloodserum-Therapy is written to introduce the practitioner into the details of the doctrine of Bloodserum-Therapy, the modern method of treating infectious diseases, and to explain the effect

observed in the use of Antitoxin. It also gives the bacteriologist directions how to prepare the remedy. The text is divided into four chapters, the first speaking on Bloodserum-Therapy in general, its meaning, history, and value in medicine. The second chapter reads on the subject of toxins and toxalbumins, the poisonous products of pathogen microbes. The third refers to the use of antitoxin in tetanus, this being the first infectious disease on which the effect of antitoxin has been studied. The subject of the fourth chapter is diphtheria. In reference to this disease special attention is given to the practical administration of the diphtheria-antitoxin, including some valuable suggestions as to the successful use of the remedy.

The book contains 70 pages and seven half-tones, representing microscopical specimens of various microbes.

THE CARE AND FEEDING OF CHILDREN. A Catechism for the use of Mothers, and Children's Nurses. By L. Emmett Holt, M. D., Professor of Diseases of Children in the New York Polyclinic; Attending Physician to the Babies' Hospital and the Nursery and Child's Hospital, New York. Sixty-six pages. Printed on fine heavy paper. Cloth cover. Price 50 cents. D. Appleton & Co., Publishers, New York City. 1894.

Not only do we need the important information to be had by reading and studying this little book as practitioners of medicine, but, when we come to think of it, we have to admit that many thousand children die annually who are never seen by a physician; or if seen, it is too late to remove the cause producing the disease, and save the life of the child. Hence, how important it is that every mother and nurse should have a copy of the book.

It is admitted that the large majority of the diseases of early childhood are caused by improper feeding, and

if every mother could be induced to buy a copy of this little book, and study the same, it would be the means of saving the lives of many children. The rules laid down by Dr. Holt are so plain that any mother of reasonable intelligence can understand them. This is, therefore, a book which every physician can and ought to recommend. The price is in reach of every one.

THE profession should impress upon the laity the importance of allowing any one who suddenly falls to the ground to remain in that position, no matter where he may fall. A sad case came under my notice this month. A middle-aged lady, suffering from aortic sigurtication and fatty degeneration of the heart, fell to the floor on leaving the dining-room of one of our hotels. Her friends immediately picked her up and sat her in a chair. She lived a few moments only. Her husband was with her at the time, but did not know what to do. That woman would likely have been living yet, had her misguided friends allowed her to remain in the reclining position into which nature had thrown her in order to obtain relief.—*Hot Springs Medical Journal.*

ALCOHOLIC EXCESS.—N. H. Pierce, M. D., 43 Pontiac street, Ann Arbor, Mich., says:

"I have used Celerina as indicated, and am much pleased with the result. I prescribed it in a case of extreme nervous debility, bordering on tremens, through alcoholic excess, and it not only quieted the nervous excitement, but seems to have acted as an antidote to alcoholism, so that the patient, a young man, son of a widow, whose chief fault seems to have been a periodical craving for drink, has remained sober and industrious for many weeks. He was seldom sober more than a week at a time previous to this. I consider it one of the most valuable of medicines also for dyspepsia, headache, dysmenorrhæ, hysteria, etc."

Facetiæ.

“DOC.”

If it has been your misfortune to be called “doc,” and if this recognition has at all become general amongst your friends, you might as well move to some other place. A man may be called a thief, a liar and all-around dead-beat, and yet he may prosper and live upon the fat of the land ; but once let him be called “doc ” and his professional success is at an end. We would prefer to spend a night in the station-house—as far as the effect on our professional success is concerned—rather than have our friends notice our approach by saying, “There comes ‘doc’.” If a man calls you “doc,” you need never expect a penny from him for any professional services you could render. His answer is sure to be, “All right ‘doc,’ in a few days that will be all right.” “Doc” means disaster. “Doc” is the culmination of all calamity. “Doc” is a catastrophe given at one stroke. “Doc” is the warning that we have reached the extreme limit of our usefulness. “Doc” is the hand that points to the next town. Shun it my friends, young or old, as you would a Kansas cyclone or a prairie fire, or any pestilence whatsoever. Far better accept death in any shape, at once, than have your life annoyed by such a fellow, for he is the broad-gauge of insincerity and cheek. Knock him down who dares speak to you, and call upon the whole medical profession for vindication of your righteous deed.—*The Doctor's Factotum.*

HEALTH COMMANDMENTS.

1. Thou shalt have no other food than at meal time.
2. Thou shalt not make unto thee any pies, or put into the pastry the likeness of anything that is in the heavens above or in the earth below. Thou shalt not fail to chew it or digest it, for dyspepsia shall be visited upon the children to the third generation of them that

eat pie, and long life and vigor upon those that live prudently and keep the laws of health.

3. Remember thy bread to bake it well, for he will not be kept sound that eateth his bread as dough.

4. Thou shalt not indulge sorrow or borrow anxiety in vain.

5. Six days shalt thou wash and keep thyself clean, and the seventh day thou shalt take a great bath, thou and thy son, thy daughter, and thy maid servant, and the stranger that is within thy gates. For in six days man sweats and gathers filth and bacteria enough for disease; whereupon the Lord has blessed the bath-tub and hallowed it.

6. Remember thy sitting room and bed chamber to keep them well ventilated, that thy days may be long in the land.

7. Thou shalt not eat hot biscuit—wait.

8. Thou shalt not eat thy meat fried.

9. Thou shalt not eat thy food unchewed, or highly spiced, or just before work or just after it.

10. Thou shalt not keep late hours in thy neighbor's house, nor with thy neighbor's wife, nor man servant, nor his maid servant, nor his cards, nor his glass, nor with anything that is thy neighbor's.

Thus endeth the tenth commandment.—*Med. Brief.*

And there are others like unto them, viz :

Thou shalt keep on friendly terms with thy stomach and bowels, for in them abideth more than half the ills of life.

Thou shouldst put nothing in them that would give offence, for they are sensitive members of your ventral family, so to speak, and will not hesitate to call you when you least expect, chiefly in the small hours of the night.

Finally, Thou shouldst measure thy days and nights by these golden precepts, so that in the observance thereof thou may'st keep away from the breakers on the other shore. Selah. M.

Selections.

Asclepias Verticillatta for Hydrophobia, as also for Snakebites, etc.—Dr. Wm. T. Sawyer, of Greensborro, Hale county, Alabama, furnishes the following ‘snakebite’ remedy in the *Virginia Medical Monthly*, February, 1895. We are, however, unable to find Dr. Sawyer’s name in the list of physicians of Hale and St. Clair counties.—ED. AGE.

“While spending some time in St. Clair county, Alabama, this summer in an effort to recover my health, I became much interested in the properties of a grass or weed that grows among the rocks on the summit of the mountains of that county. It was used by the natives as a remedy for snakebites, even of the most poisonous serpents, and what was of much more interest to me as a remedy for the bites of rabid dogs. An experiment was made while I was at the St. Clair Springs of the power of this medicine as an antidote to the poisonous effects of bites of the most dangerous serpents. A large, strong snake, called the “cotton-mouth moccasin,” was caught and brought to the Springs, and placed in a strong box with a glass cover. The bite of this snake is more dreaded by the natives of St. Clair than the bite of the large rattlesnake, and is thought more deadly. The name cotton-mouth arises from the habit of this snake *lying* with his mouth open, which is as white as cotton. Cotton pickers have been bitten in cotton fields in attempting to pick it up as a lock of cotton with locks of cotton. Small animals dropped in the box were killed almost instantly by its bite. After some days a strong dog was procured, and the snake and dog were carried to Springville to have the experiment made of the effect of the snake bite on the dog, and of the antidote, in the presence of Drs. Mc-

Glockim and Ash, the most prominent physicians of this beautiful village.

The snake was placed in a large box and the dog dropped in. The snake instantly bit him on his ear and head; and six times upon the left fore-leg before the dog could get out. In a few minutes the dog became so sick and weak that he could not stand, but fell over on his side and looked like he would die in a short time. There did not seem to be much time to lose before applying the antidote. Several doses were administered, and application of the same made to the different bites. The process of threatening death was arrested and the dog appeared much better. He continued to improve, and after an hour or two appeared to have recovered from the shock and effects of the poison.

A tincture of the root of this grass or weed is used all over the county for the bites of the various snakes. The people of this county derived their knowledge of this weed from an old white man who lived among the Indians before their removal West, and he learned its use from them. This old man has continued to cure snake-bites to this day. This tincture is used as an intoxicating drink by some of the natives, being quicker and more diffusible than alcohol, and flies all over the system with a rapidity approaching the effect of chloroform taken internally in small doses.

What was of more interest to me was the effect this medicine is said to have upon those poisoned by the bites of rabid dogs. Many cases were reported of horses, mules, cows and hogs and people bitten by mad dogs. All of the animals bitten died of rabies within forty to sixty days after being bitten by the rabid dogs. Of the persons to whom this medicine was given none died, though some showed the commencing insanity and other symptoms of hydrophobia before the medicine was obtained. I enclose you some of the affidavits given

before the judge of the county court of persons whose wives and children were bitten by mad dogs, and many animals bitten by the same dogs died of hydrophobia, but the people were relieved.

One of these affidavits, sworn before a magistrate and also before the judge of county court, shows that a boy bitten severely on the hand and face by a mad dog, which dog bit hogs, horses and two mules, which all died of hydrophobia after a few weeks, and the boy after twenty-five days waked up at night and was strange in his behavior, and at times out of his mind. A mad-stone had been applied to his wound, but it would not stick, as they call it; so they sent for snake-bite antidote, and he used large quantities of it for weeks, until all bad symptoms disappeared.

Another affidavit is from a man whose wife was bit on her breasts, sworn to before a magistrate and before the judge of the county court. This dog bit mules, cows, horses, and hogs of this man and his neighbors, and all the mules, horses, cows and hogs died of hydrophobia after some weeks. The woman was put on the snake-bite antidote and she got well, and has remained so to this date.

It is a general belief over that mountain country that a tincture of this weed will prevent and cure hydrophobia after it has set in with violent symptoms.

I enclose you a little box of the weed and roots* so you can see to what class of plants it belongs, and find out its active principle and botanical name.

*We handed the specimens to Mr. Andrew T. Snellings, Ph. G., of the Virginia Pharmacal Co., and Professor of Botany and Materia Medica, University College of Medicine, Richmond, Va., for examination, and he has kindly returned the following report: "The plant specimen left with me yesterday is undoubtedly *Asclepias verticillata* (Linn.), var. *pumila* (Gray). Looking up the medicinal properties of this plant, I find that mention is made of it in the *U. S. Dispensatory*, page 235, as a remedy for snakebites and bites of venomous insects. Reference is also made to the *Virginia Medical Journal*, December, 1858."

Castration for Hypertrophy of the Prostate.—An interesting address on the present position of the operation of castration for hypertrophy of the prostate was read by Dr. J. W. White before the American Association of Genito-Urinary Surgeons. Dr. White instituted experiments on dogs, and was led to conclude by the results that castration might cause the hypertrophied prostate to diminish in size. The report of these experiments in detail, and the line of thought which led to these conclusions, are given in full in the *Annals of Surgery* for August, 1893. Since the publication of this article, the following operators have reported cases: Ramm, of Christiania, reports two cases practically cured after this operation; Haynes, of Los Angeles, reports three cases, the first is said to be practically cured, the second much improved, while the third has been operated on too recently to record the result; Smith, of St. Augustine, Florida, operated upon an apparently hopeless case of hypertrophied prostate with marked sepsis, cystitis, beginning uræmia, etc. The patient, four months after the operation, had gained greatly in weight, and had no cystitis or urinary trouble. In January, 1894, the author operated on a medical gentleman sixty-nine years old, who had passed no urine save by catheter for years, whose urine was loaded with mucous, was offensive, and at short intervals was profusely mixed with blood. Fourteen weeks after the operation rectal examination showed a reduction of the prostate to the normal dimensions, the urine is normal in appearance and odor.—*Pacific Med. Jour.*

The Medical Buccaneer.—The latest development of the profession in the United States is the "buccaneer" physician. An American contemporary says it is of no use to talk about medical reform and elevating the profession, whilst the "buccaneer" is

allowed full liberty to carry out his system of medical practice. "He plays his part in manifold ways. He often roams in high places, and may even wear a professor's gown. He looms up at medical conventions, and, indeed, may be an author of no mean position. He is always clamoring for reform; he wants to reform the code, let down the bars and clear the way, so that his pilfering career may be unhampered. His neighbor stands in mortal terror of him, because he well knows that should he be required to call him in consultation the new arrival would soon oust him and coolly take possession himself. He performs impossible operations, and always cures every case, and the unsuspecting, simple-minded, honest plodder, as he reads his statistics, is quite overcome with amazement and admiration. He has a sneaking way of advertising. To get in the regular column of the quacks would be to mix with the common herd; moreover, it is highly expensive; therefore he has himself interviewed, or one of his helpers will see to it that while the great man speaks, full stenographic notes are taken, and the thing, highly colored, will be spread broadcast in the early morning press." The genus is not altogether unknown in this country, but they are happily few in number and their field of work is extremely limited.—*Hosp. Gaz.*

Creosote in Phthisis.—Reynold Wilcox finds that creosote in equal dose is superior to guaiacol in phthisis, and believes with Somerbrodt that the more of the drug the patient can bear without injury the more benefit will he derive, and the sooner will the tuberculosis process be controlled. Hitherto he has been most successful in the use of it in the form of enteric pills—i. e., pills made up with paraffin or ones coated with keratin, but now he employs carbonate of creosote—ten

to twenty minims, in hard or soft gelatin capsules—and finds it eminently satisfactory. There is no doubt about the elimination of creosote carbonate by the respiratory tract—the breath gives ample evidence. Two drachms a day, even on the first day, may cause the urine to become dark green, and this is regarded as an indication to reduce the dose to one-half of its former size. According to the writer's observations, it does not cause malaise or gastro-intestinal disturbance. Since creosote carbonate contains 90 per cent. of creosote, the dose may be considered to be practically identical. Fifteen to twenty drops per day is probably sufficient for children; adults will bear one or two drachms, even four drachms per day in divided doses may not be excessive.—*Univ. Med. Mag.*

Insomnia of Old Age.—Dr. J. W. Dale, in the *University Medical Magazine*, recommends very highly the use of morphia, with a small amount of Dover's powder, for the relief of the sleeplessness which is frequently one of the most serious complaints of the aged. The ordinary hypnotics, such as the bromides, chloral, and the numerous coal-tar derivatives, answer well for temporary purposes, but not where the demand is long continued. Dr. Dale gives at first from the 24th to the 12th of a grain of morphia, with 2 or 3 grains of the Dover's powder. This amount will need to be increased slightly as the patient becomes accustomed to it, but the doctor has found that, even after a number of years, patients do not require an increase beyond a $\frac{1}{4}$ of a grain of morphia and 10 grains of the Dover's powder. Its use, he has found, is best limited to persons over 70 years of age, at which time of life its regular use is tolerated with impunity, and he has never found it to do any injury. The object in using the Dover's powder is

to increase the bulk of the medicine, so that the patient will not be apt to increase the dose. Any particular increase would result in nausea from the presence of the ipecac. In addition to this, the small amount of ipecac present tends to maintain healthy action of the skin, and stimulate the stomach and the functional activity of the liver, as well as to diminish the tendency to constipation.—*Massachusetts Med. Journal.*

Protoplasm up to Date.—Protoplasm was formerly described as a homogeneous structureless jelly, but it is now clearly proved to be of various kinds, differing in each organism, and in different animals. It is of very complicated formation; a more or less delicate network of interwoven fibers forming the basis, and a clear watery fluid permeating its meshes, to soften its solidity. These fibers are strong with infinitesimal granules, which move to and fro along their length, and their activity seems to be perpetual. They are apparently without structure, but they are supposed to vary in their composition, and to be capable of even minute subdivision.

Protoplasm cells contain, besides the clear protoplasm, a nucleus (which again contains minute fibers, fluids and granules), and also a compound called nuclein, in the form of dots, granules or rods, variously arranged, and it is frequently found enclosed in a tubula. This nuclein contains all the properties of the whole protoplasm, and in many instances all the essential characters of the animal or plant to which the particular cell belongs, and probably all the hereditary characters which the plant may transmit to its offspring.—*Times and Register.*

MESSRS. W. H. SCHIEFFELIN & COMPANY, of New York, have published a handsome brochure, entitled *One Hundred Years of Business Life*. It is a simple and well-written history of the house of Schieffelin from 1794 to the present, and very appropriately adopts the motto, "*Respice, Adspice, Prospice*." One hundred years of continuously successful business life is so unusual in the rapidly changing conditions that obtain in this country as, in our opinion, to justify this prosperous house in so appropriately celebrating its centennial. It has survived the disruptions of business incident to three great wars, and has equally successfully withstood the shock of as many financial panics, emerging each time stronger for the trials it had passed, and, reconstructing itself with new blood, and enlarging its avenues of trade, stands to-day as one of the most prosperous houses of its kind, noted alike for its business integrity and its sound financial standing.

In this well-illustrated history is given biographical sketches of the heads of the house from time to time, and it closes with a fitting tribute to its subordinates. It is not uncommon for persons to serve the firm for twenty-five years, and it has in its employ now ten persons whose periods of service range from thirty to forty years, while one has remained the extraordinary period of forty-five years. Such a record speaks more eloquently than words for the sterling integrity of the house, which deserves the congratulations of its fellow-citizens on this centennial anniversary.—*Buffalo Medical Journal*.

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THE PLEA OF INSANITY AS A DEFENSE FOR CRIME.

BY B. L. WYMAN, M. D.,

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Read before Jefferson County Medical Society.

THE history of criminal jurisprudence in America and Great Britain furnishes many examples where criminals have been turned loose upon society upon the ground of irresponsibility from the disease of insanity; and on the other hand where insane persons, wholly irresponsible by reason of disease, or congenital defect, have been convicted and executed as criminals.

The subject of insanity in its relations to crime is one of the most perplexing questions with which society has to deal.

The plea as an excuse for crime has long been a popular one, and particularly so in cases where all of the evidence tends to show deliberate and premeditated murder; when every resource has been exhausted by

learned and astute counsel, the "insanity dodge," as it is familiarly called, is set up as a dernier resort.

The plea is so often successful in acquitting the accused that it has fallen into disrepute in many localities.

It behooves those who make, as well as those who are charged with the interpretation and execution of the law, to consider carefully what constitutes irresponsibility and what degree of impairment of the mental faculties should excuse those who commit crime.

The courts of the country have not kept pace with the new discoveries which have been made in this department of psychological medicine.

Judge Somerville, of our own Supreme Court, in reversing the case of the State vs. Joseph and Nancy Parsons says: "It has become of late a matter of comment among intelligent men, including the most advanced thinkers of the medical and legal fraternities, that the deliverances of the law courts in this branch of our jurisprudence have not been at all satisfactory either in the soundness of their theories or in their practical application."

There is, however, great danger to be apprehended in going too far in the other direction. There are many good reasons why the courts have been slow in overruling the old decisions.

The late distinguished Chief Justice Stone, of Alabama, in his dissenting opinion in the Parsons case very wisely says: "Legal principles when enunciated for the government of juries should be expressed so simply and clearly as to be easily understood by the class of men who generally perform that service."

The first question which confronts us at the outset in discussing this subject is, what is the correct doctrine with reference to the test of responsibility of criminals?

Time will not permit more than a mere mention of a few of the more salient points in the discussion of this most important subject. Some of our modern and advanced psychologists would have us believe that none of the criminal class are responsible for the acts committed.

They contend that man is a mere machine or automaton and that all criminality is the direct result of inherent vice of constitution, together with unfavorable surroundings, and improper training; that all conduct is dependent solely upon heredity and the peculiar physical organization of the individual.

It is contended by these gentlemen that society should rather look with pity upon the criminal class, and that the theory of punishment for the purpose of deterring others is erroneous and untenable.

Theoretically this may in part be correct, but as is seen at once if this doctrine were accepted by the courts as correct and practically applied, it would destroy the very foundations upon which good government and society rest. Society must protect itself against the criminal class even though it be admitted that they come into the world with defective organizations.

It is a matter of common observation that the world is full of defective individuals who are out of harmony with their environment; individuals whose brains were

defective in the beginning of life or whose development was arrested at an early period. In this class may be grouped all of the idiots, imbeciles, and that large class familiarly known as cranks, many of whom are self-sustaining and able to take care of themselves. The majority of this class of persons are harmless and inoffensive and do not often commit crime.

As to what form of punishment should be applied to these dependent and defective individuals, when they commit crime, it seems the wisest plan to place them under some form of restraint for life, so that society will be protected. In some cases it may perhaps be best to remove them by capital punishment.

In the case of Pendergrast, the assassin of Mayor Harrison of Chicago, I think the evidence showed conclusively that he had always been a weak and defective man from childhood.

The majority of all crimes are committed by individuals whose power of self-control has been weakened or lost by vicious habits.

It is no easy task to define what is meant by the term "insanity;" the courts make no distinction between idiocy and imbecility and insanity. There are many classes of idiots and imbeciles; the term simply referring to congenital deficiency and indicating an absence to a greater or less extent of mental endowment.

The term "idiot" is applied to a subject who is deprived of all higher mental power, and who is unable to acquire the simplest accomplishments.

The term "insanity" to a condition of mind which is the result of disease of the brain.

Perhaps we may approximate a correct understanding of what is meant by the term by quoting from a distinguished writer upon the subject. He defines "insanity" as a more or less prolonged departure from ones customary habits of thought, feeling and action, dependent upon disease of the brain. It will be observed that the expression, "prolonged departure" is used to exclude those temporary departures which so often result from the excessive use of stimulants and narcotics.

The line must be drawn at some point, as modern psychological medicine does not hold to the theory of temporary emotional insanity.

If a man who is ordinarily regarded as sane by his fellows, imbibe too freely of alcohol or cocaine, and as a result of temporary dethronement of his faculties commits a crime, he should not be allowed to go free on the theory of irresistible impulse and temporary insanity. In all forms of the disease the symptoms are more or less gradual in their approach and the immediate friends and relatives notice a decided change in the conduct and habits of the individual. The plea is rarely introduced where the defendant is manifestly insane—it is only in cases where perhaps there has been some eccentricity and where the case may be made out by the testimony of so-called medical experts. It must be confessed that an unpardonable degree of ignorance is often displayed and the juries and courts become confused on account of the conflicting opinions. Here I would in passing say that the general practitioner should not be regarded as an expert, or called upon to testify upon

the subject of insanity, only those who have had practical experience with the insane and who by special training and years of experience are competent to aid the courts and juries in arriving at correct conclusions.

The present system has many evils and we cannot hope for improvement unless the expert is regularly employed and receives reasonable compensation for his services.

Our own State, and particularly Birmingham, has witnessed several very interesting trials where this plea was set up.

The State vs. Nancy and Joe Parsons was tried at Birmingham in the year 1886. The case has become quite celebrated on account of the able and learned decision of Justice Somerville. Nancy and Joe Parsons murdered Bennett Parsons on June 31, 1885, by shooting him with a gun.

The jury found the defendants guilty of murder in the second degree. Judge Somerville reversed the decision, all the evidence tending to show that the defendant, Joe Parsons, the daughter of the deceased, was at the time of the killing, and had always been, an idiot. Nancy Parsons, the wife of the deceased, assisted in the killing, as the result of an insane delusion that the deceased possessed supernatural power to afflict her with disease, and power by means of a supernatural trick to take her life.

This opinion is far in advance of all those which have preceded it.

The old test of responsibility was the capacity to distinguish between right and wrong with reference to

the particular act. Judge Somerville goes further and holds that "where there is such capacity a defendant is, nevertheless, not legally responsible, if by reason of the duress of mental disease he has so far lost the power to choose between right and wrong as not to avoid the doing of the act in question; so that his free agency is for the time being lost or destroyed; and at the same time the alleged crime was connected with such mental disease in the relation of cause and effect, as to have been the product and offspring of it solely."

It will be observed that in this decision the freedom of the will is introduced, and just here is where much of the difficulty arises in deciding these cases. That volition is one of the faculties of the mind cannot be denied and the capacity to choose between the right and wrong we see illustrated in every day life.

As a matter of fact those who have had experience with the insane know that many of them do exercise the faculty of volition, and they are often capable of forming very correct views of conduct and have a fine appreciation of their relation to each other.

In determining the question of responsibility in any given case it will not do to adhere strictly to any fixed rule. Every case must be studied by itself.

Many of the insane have the capacity to distinguishing between right and wrong and when the question of the power to choose between the two arises all the facts and circumstances connected with the act must be considered in arriving at a correct opinion as to responsibility.

It is very true that homicides are often committed

under the influence of insane delusions, and while the defendant may know it was wrong to do the act in question, he may be impelled by reason of such delusion, and should not, I think, be held responsible.

The case of Charles Guiteau, the assassinator of President Garfield, is an example where a crime was committed under the influence of an insane delusion.

Not long since I saw an insane man who labored under the delusion that he was commanded by God to kill his brother. In talking upon the subject he shed tears and said he knew it was wrong, but the command was imperative and must be obeyed.

I might mention numerous cases where homicides have been committed under the influence of insane impulses, but enough has been said along this line.

PUS IN THE PELVIS.

BY DR. GROCE HARRISON,

TALLADEGA, ALA.

Read before the Talladega County Medical Society January 15, 1895.

IN all the catalogue of gynecological science no form of disease more completely evaded the search of medical men than the inflamed fallopian tube. Though treated and sometimes cured under the guise of another name, it escaped recognition as a distinct entity till some twenty years ago when, to use the expressive phrase of an envious surgeon: "It was invented by Tait and his sort."

The mucous membrane lining the fallopian and eustachian tubes are similar in structure, each being lined

with columnar ciliated epithelium. All are familiar with the ravages of a neglected post nasal catarrh as it gradually extends through the eustachian. So will the fallopian tube suffer similar injury from a neglected endometritis.

In pyosalpinx following gonorrhœa and abortion we have a prototype of the occluded eustachian and middle ear abscess after diphtheria and scarlatina. In this cursory and hastily prepared monograph I shall briefly recite a condensed history of three cases recently treated and endeavor to draw a few practical conclusions therefrom:

Case I—A. R., W. F. æt 23, married, three children, youngest eight weeks of age. Some two or three weeks after confinement she was seen by Dr. J. T. Harrison who found her quite ill with puerperal fever. By dilligent application of antiseptic uterine washes, stimulants, etc., she rapidly improved and was dismissed in ten days with the injunction to continue the vaginal douche and remain in bed *two weeks*. The second day after these instructions she was up attending to some household duty.

Some six or eight days later the physician was recalled. Patient weak, skin moist and relaxed, face pale and pinched, eyes sunken; pulse 126, small and wiry; complaining of localized pain in left inguinal region. Vaginal examination revealed a tender mass, the size of a lemon to the left of uterus.

Counter irritants applied with administration of stimulants, tonics and liquid nourishments. Gradually the patient grew weaker and weaker till, after exhausting

all medical means, the family physician advised an operation as the only means of relief. I was called on April 1st and found the patient with temperature varying from 101° to 106° F.; pulse from 96 to 140; respiration from 20 to 30; the exacerbations occurring every eight or ten hours; is weak, languid; features drawn, skin relaxed, muscles soft and flabby; mind rather confused; occasional delirium; no appetite; for several weeks each ingestion of food has been followed by vomiting; bladder acting freely, but always with pain; bowels costive; urine normal in color, quantity and sp. gr. without sugar or albumin.

Physical examination:

Organs of chest and abdomen appear normal; just above the centre of Pourpart's ligament on the left side is a tender, ill defined induration, some three inches in diameter. By vaginal examination I find it lies adjacent to the womb and pressed that organ backward and to the right. The tumor is quite tender externally, but firm pressure from vagina or rectum fails to elicit pain. It seems freely moveable when felt through the vagina or rectum, though it appears loosely adherent to belly wall. We diagnosed pyosalpinx following puerperal endometritis. The patient's appearance and great weakness was quite enough to dissuade a daring and experienced surgeon. Despite the danger of death during the operation, we advised laparotomy as the last resort and only hope. On April 2, with Drs. Groce and J. T. Harrison, I performed abdominal section, as nearly aseptic as circumstances would allow. I found an inflammatory mass, some two and a half inches in

diameter, involving the left tube and ovary; strong adhesions held it firmly to the left side and posterior part of pelvis where it was firmly attached to the large intestine. The patient was now in extreme shock and pulseless; finding she did not rally under stimulants and artificial respiration, I decided to close off the peritoneal cavity with gauze packing and open the abscess in situ. I preferred to remove it en masse, but thought the patient too weak. Near the center of mass was $1\frac{1}{2}$ oz. pus. The cavity was washed with antiseptic solution, a large drainage tube introduced and wound dressed with absorbent gauze. By aid of artificial heat externally, large hot coffee enema and stimulants under the skin she slowly rallied. The fever remained below 101° F.; sweating ceased and consciousness returned. Stomach would now retain small quantities of milk and beef juice and peptonoids. Four days later the descending colon burst into the open wound, and for two weeks the bowels acted more or less through this artificial anus. By daily administration of copious enemata and careful strapping with adhesive plaster, the artificial anus was closed without further operative measures. The pulse in this patient remained above 100 for three months or more after she got perfectly well.

Case II—J. P., W. F., æt 36, married, four children, youngest eighteen months of age. Always healthy and now corpulent. On May 23rd I saw her with Drs. Dixon & Hill. We could procure no clear and satisfactory history. Has menstruated but once since birth of last child and has forgotten the exact

time. A fortnight ago, after a long walk, she had "bearing down pains" in left inguinal region. These continued for an hour or more, and were followed by chilliness, faintness and sweating. Since then has had "soreness" in pelvis.

Temperature, $99\frac{1}{2}^{\circ}$ to $103\frac{1}{2}^{\circ}$ F.; pulse .86 to 100; respiration normal; has rise of fever every twelve or sixteen hours; has constant nausea and has eaten nothing for a week; is often delirious; has dull pain and constant heaviness in lower part of abdomen. The pain rather localized on left side and greatly aggravated by urination, though doesn't seem to be affected by movement of the bowels.

Physical examination:

Has large fluctuating encysted mass in lower abdomen and pelvis; more marked on left side; is very tender to firm bimanual palpation, though no special tender point is found in vagina or intestine. In the light of these facts and the history of griping, "bearing down" pains, followed by chilliness and shock, I diagnosed suppurating hematocoele, *probably* following a ruptured tubal pregnancy. Then presented the question intra, or extra peritoneal? If the former a laparotomy alone would suffice. If the latter, a large incision through posterior vaginal wall might give relief. After carefully considering every point and advising with Drs. Hill & Dixon, I decided to perform laparotomy and on the following day brought the patient to Talladega for operation. She was put on a cot in the baggage car and suffered no special inconvenience from the trip, save pain from jarring. After seeing she was comfortable

for the afternoon, I left to prepare for the operation the following day. In an hour I was recalled to find her in agonizing pain; but this was quickly obscured by symptoms of severe shock. The bowels acted freely and, to my great delight, the tumor had burst into the rectum. The adhesion to the rectum was higher than we had been able to reach and now the rough rocking of a railway coach had performed a most unique and desirable operation. I encouraged free evacuation by large, mild antiseptic injections; stimulated the patient well and left her quite comfortable—myself content to postpone all operative measures and happy to escape a laparotomy under such discouraging conditions. The next morning I was informed she had passed something like a “little rabbit” and “many small pieces of macaroni.” Through the carelessness of the nurse the little beast had unfortunately gotten away; but the suspicions macaroni proved to be pieces of a half decayed umbilical cord. Small portions of placenta came in abundance.

Six days later, under complete anesthesia, I drew the anterior rectal wall down and, as best I could, with vulsellum forceps, passed my finger well into the tumor sack and broke up all the partitions and pockets and irrigated the cavity well with hot antiseptic solution. These antiseptic washes were continued for two weeks when the patient left for her home where she rapidly recovered.

Case III—C. C., C. F., æt 39, married, 5 children; youngest 5 years; menstruating regularly; no history save a buring leucorrhœa for two or three months.

The Alabama Medical and Surgical Age.

temperature, 99° to 102°; pulse 140 and exceedingly
; has great pain in the region of right ovary;
g detectable by vaginal or rectal examination;
tenderness externally; three days later I find a
elastic oblong tumor to right of the womb, itself
antiverted. Finding complete anesthesia and re-
on necessary to an intelligent and satisfactory
osis, I requested Dr. Sims to see the case with me.
chloroform we could easily demonstrate a pus
about 2½ inches in length and about the size of
umb.

strongly advised laparotomy, because the tube was
s time freely moveable and its extirpation an easy

Because of poor facilities, fright and no nursing,
operation was refused. I proceeded to employ
irritants and hot douches hoping to excite some
on of the tumor and vagina when I expected to
ce. After vigorous efforts for two weeks the
e fast in Douglas' pouch, and in a few days
so tense it ruptured into the rectum.
disseptic washes were now applied as in case
imilar results.

Three cases are unique:

the first resulted from puerperal fever.

the second resulted from tubal pregnancy.

the third resulted from gonorrhœal infection.

From a comparative study of these I feel justified in
stating the following useful conclusions:

The symptoms of pyosalpinx vary greatly accord-
to previous condition of patient, size and mobility
of tube.

Original

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2. Complete anesthesia is essential to thorough examination of the pelvic and abdominal organs.

3. The sickening nausea and vomiting is probably due to pressure on the ovary.

4. Pyosalpinx seldom ruptures into the peritoneum but nature seems to guide the tear toward the vagina or more often the rectum.

5. We may hesitate to perform laparotomy when there are clearly defined broad adhesions between the tumor and bowel or vagina.

6. It is probably unsafe to aspirate save through a broad adhesion and at a point of great tenderness.

7. When rupture has occurred into the bowel or vagina we should carefully but thoroughly cleanse the cavity with antiseptic solutions. Preferably warm boracic acid sol. or peroxide hydrogen.

8. By proper care an artificial anus may be relieved without operation, if seen in time.

9. In debating an operation we should banish all hope of establishing or fear of injuring a good reputation, and consider the patient's good, and his alone. If an operation offers one chance in a thousand it should be given. Not our interests, but the *patient's first, last and all the time.*

RUDY'S PILE SUPPOSITORY is guaranteed to cure Piles and Constipation, or money refunded. 50 cents per box. Send two stamps for Circular and Free Sample to MARTIN RUDY, Registered Pharmacist, Lancaster, Pa. No Postals answered. For sale by all first-class Druggists everywhere. Elam Drug Co., Wholesale Agents, Anniston, Ala. *adv.tf*

REPORT OF A CASE OF MASTURBATION ACCOMPANIED
BY NYMPHOMANIA.

By J. F. HUEY, M. D.,

GIRARD, ALA.

ON the 14th of September, 1894, I was called to see a young woman, æt 21; unmarried; occupation, seamstress. I was told by her mother that she had suffered for the past seven or eight years from "womb trouble" and had been confined to her bed for weeks at a time. I made an examination per vag. and found an antever-sion with slight prolapse.

She was exceedingly nervous and complained of pain in back, head and eyes. I began the usual treatment of the uterus and after two months had the organ fully restored; but I found that the extreme nervousness and weakness did not disappear.

I then began to wonder and speculate as to the cause of this condition. I had noticed that every time I used the speculum my patient would make very peculiar and questionable movements, but I persuaded myself that it was due to the pain caused by the instrument, having absolute confidence in her virtue. But I soon found that she was suffering from uncontrollable attacks of nymphomania.

After restoring the uterus and the external symptoms still remained, and discovering the nymphomania I began to question her very closely; so much so, however, but not until I made her believe that I knew it, she acknowledged that she had been masturbating since the age of seven or eight.

She claims that when the desire comes on her to com-

mit self abuse that she is compelled to resort to it at once or be subjected to a violent nervous spell which would be impossible to hide from any one that might be about her.

The attacks were aggravated when in the company of the oposite sex. She claimed that it was the hardest trial of life to resist the temptation or intense inclination to ask the first man she saw to gratify the intense erotic feeling. Of course such was the case *only* when her "spells" were "on."

I treated her for a month for masturbation to no effect until my attention was called to a traveling hypnotic of more than ordinary ability who was showing in Columbus, Ga. I decided to have him hypnotize my patient and see if post hypnotic suggestion would avail anything. So on the 15th day of January, 1895, at 9 o'clock she was carried to the somnambulistic stage of hypnotism, and was told that a R₂ would be given her and that when she felt one of her "spells" coming on to take a teaspoonful of the medicine and immediately go to sleep and sleep five minutes and when she awaked that the desire would be gone. I prepared a 3 ij bottle of water colored with carmine and gave to her to take as per post hyp. suggestion.

Immediately after taking the "med?" she fell asleep and slept soundly for five minutes.

I refilled the bottle the third time. At the expiration of the second week she was comparatively cured.

She is now as healthy looking as any woman with no desire to return to her old habit.

AN UNCOMMON VENOUS TUMOR OF THE SCROTUM.

BY GOLDSBY KING, M. D.,

SELMA, ALA

M WHITE; age, three years and nine months. Referred to me by Dr. Jas. M. Donald.

History: An enlargement in the left inguinal region, occurring suddenly and accompanied with pain. Dr. Donald first saw this case May 15, 1893, and three days thereafter, when the operation was performed, he thought the tumor had increased twice its former proportions. The case presented all the symptoms of a left complete, irreducible inguinal hernia.

The usual herniotomy incision having been made a careful dissection revealed a venous mass knotted and twisted upon itself; and so much did it resemble an intestine, that had not the graver symptoms of strangulated hernia been absent, it could very easily have been mistaken for a gangrenous intestine.

The dilatation of the vein began at about a half inch to the left of the symphysis pubis and following the course of a complete inguinal hernia filled the left side of the scrotum. The convolutions were contracted to the size of a goose quill; at certain intervals and at other points, dilated as large as the little finger. The convolutions having been traced to the origin of the dilatation in a single vein, this was ligated with a cat-gut ligature. The entire venous mass was then removed without difficulty and had no more connection with the spermatic vessels nor the surrounding tissues than a complete hernia. The wound healed immediately and there has been no return.

MEDICO-LEGAL CASE.*

**AN ABLE AND IMPORTANT CHARGE TO THE JURY BY ONE OF ALABAMA'S
MOST DISTINGUISHED AND LEARNED JUDGES.**

**CHARGE OF JUDGE JAMES W. LAPSLEY, IN THE CASE
OF STATE VS. S. J. M'CURRY, M. D.**

GENTLEMEN OF THE JURY:—This is a case of the greatest importance. A young woman, while living under the protection of our laws, has been cut off in the bloom of her youth, and carried to an untimely and dishonored grave.

One of our fellow-citizens, a member of the honorable and learned profession specially charged with the conservation of the bodily health of our people stands charged before us with her murder.

You have heard the testimony and arguments of counsel learned in the law, and it now becomes my duty to advise and instruct you as to the law by which you are to be guided in arriving at your verdict.

Murder is the unlawful killing of a human being, with malice aforethought, expressed or implied.

There are two degrees of murder under our laws.

Murder in the first degree is the killing of a human being willfully, maliciously, deliberately, and with premeditation.

Murder in the second degree comprises all other murders not characterized by the wilfulness, deliberation, and premeditation, required to constitute murder in the first degree.

There is another class of criminal homicide which

*Tried in the City Court of Anniston, Ala., March 28-31, 1895. (See editorial in this issue of *THE AGE*.)

you may consider. It is called in our laws, manslaughter in the first degree, and is the killing of a human being by an unlawful, willful act, but without malice.

In this case, to convict the defendant of any offence, the State must prove, beyond a reasonable doubt, that Emma Tucker was killed before the finding of the indictment, and within the territory covered by the jurisdiction of this court.

If you are satisfied on that point, proceed to consider any and all testimony that may tend to point to the defendant and connect him with her death. First, however, how did Emma Tucker come to her death? Was it in the ordinary course of nature, and without any one having a guilty part in her death? Or was her death caused by the unlawful act or acts of others?

The contention on behalf of the State seems to be, that the deceased was a young unmarried woman, who, having lapsed from the path of virtue, and finding herself with child, came to Anniston, or was sent here by her paramour, Jo. Beard; that she came to the house of Gussie Wilson, on Glen Addie street, in this city, where a criminal abortion was committed upon her, whereby she died; and that the defendant was the guilty agent, or one of the guilty agents, of her death.

You have heard the testimony. Is it thereby proven that an abortion was procured or practiced upon the body of deceased and did defendant take part therein? And if there was an abortion, was that the cause of her death? Stop and settle that matter definitely.

Was there an abortion, and did that cause her death?

If not, the defendant must be acquitted. If that is proven, however, and the defendant performed the operation, and so caused her death, go a step farther; for that is not enough. What was the motive or intent with which the abortion was caused or procured? if it was so procured? The intent is a matter of prime importance. It frequently gives the distinguishing color to an action. If, in this case, it was necessary to cause the abortion in order to save the mother's life, and the abortion was caused for that purpose, then the law does not regard it at all in the same light as it would if shown to have been committed, or caused, with the purpose and intent to hide the shame of the unfortunate girl and her paramour.

If it was necessary to cause the abortion to save the mother's life, i. e., if, as sometimes happens, the unborn child is in such condition or situation as that it seems reasonably certain to cause the mother's death, if not removed, and the removal is carefully and properly effected—in such case as that, the removal is lawful, and if by chance the mother should die under the operation, the operators are not guilty, for the reason that what was done, was done for the purpose of saving the mother's life, and under such circumstances as to make it reasonably sure that it was proper and necessary.

But the counsel for the prosecution tell us that the three defendants who are named in the indictment, viz., Jo. Beard, Gussie Wilson and S. J. McCurry, conspired together to commit an unlawful act, namely, the removal of the unborn child from the womb of Emma Tucker, so that she and Beard might escape the dis-

grace to result from exposure of the joint sin of Jo. Beard and Emma Tucker, if the child was allowed to live and be born. Now, our law books tell us that : "To attempt to produce an abortion or miscarriage, except when necessary to save the life of the mother under the advice of medical men, is an unlawful act, and has always been regarded as fatal to the child and dangerous to the mother. To cause the death of the mother in procuring or attempting to procure an abortion is murder. Though the death of the woman was not intended, the act is of a nature deliberate and malicious, and attended with great danger to the mother." 1 Russ., Sec. 540.

Now, the charge of the prosecution is, that there was a conspiracy to commit this unlawful act. "A conspiracy is a combination of two or more persons by some concerted action to accomplish an unlawful purpose ;" or, "to accomplish something not unlawful, but by unlawful means." See what evidence there is of a conspiracy in this case. To constitute all of them conspirators, it is not necessary that all should have joined the conspiracy at its beginning. Two may have originated the illegal design or purpose, and afterwards others may have been brought in. That these latter came in at a later date than the others does not matter, if they actually join the combination to accomplish the unlawful purpose by some concerted action.

The importance of this doctrine will appear when we consider and remember that men conspiring together, as I have described them, become responsible for each other's acts performed in furtherance of the common unlawful purpose. So if in this case Jo. Beard and

Emma Tucker conspired together to hide the evidences of their sin by a criminal abortion, and afterwards Gussie Wilson and McCurry joined with the original conspirators, before its accomplishment, and participated in the unlawful purposes and acts, all parties are guilty. They cannot cast the blame or responsibility, one upon another. If they have united in the guilty acts and purposes, as I have said, all must stand and fall together. In this case, it is for you to say from the evidence whether they did so unite,—and if so, upon what did they agree or unite? I suggest that you ask why was Emma Tucker brought to Gussie Wilson's house? What was the purpose, as shown by the evidence? Was it that she might live there in quiet and seclusion until her full time was come, and then bring forth her child in secret? If so, there was no harm in that. Or was it that she might have an abortion at Gussie's house, and so hide her shame? If this was the purpose of Beard and Emma, it was an unlawful purpose. As stated by the court in the Massachusetts case, read by the learned counsel for defendant :

“ Acts for the purpose of procuring the miscarriage of a woman pregnant with child, would be unlawful if done from any wicked, base, or sordid notion offensive to good morals, or injurious to society. Such acts would be none the less unjustifiable because done by the solicitation of the pregnant woman, or because done to screen such a woman from exposure or disgrace, or for gain or reward.”

Then if Gussie Wilson joined to assist them, knowing their purpose, she became a participant with them.

If Gussie communicated this to McCurry, and he, knowing their purpose, joined with them to carry it out, and in carrying it out Emma was thereby killed, they all alike are, in the eyes of the law, murderers, and should be punished as such. In that case, it makes no excuse for them that Emma desired or asked for the commission of the unlawful act. She has gone to a higher tribunal, an all-wise and an all-merciful One. There we leave her. But we must strive to do justice to the living; to acquit the innocent, and to bring to proper punishment those that are proven to be guilty.

And before concluding them guilty, remember that the testimony must legally establish their guilt. You must not jump at the conclusion that the conspiracy existed, but it must be proven as any other fact is proven. The evidence must satisfy you of the combination, union, and agreement of their wills upon the same illegal thing to be accomplished; and unless the evidence does show that each and all agreed to, and participated in, the common purpose, then there is no conspiracy and no consequent responsibility; or, to make it more clearly applicable to this defendant, before he can be held responsible for the conduct of the others the evidence must show that he knew of, agreed to, and assisted in the accomplishment of the unlawful designs and acts of the others.

If the evidence does not show you that he did so know, agree and assist, he must not be held anywise responsible for what the others did, or purposed to do; but must be held responsible only for his own separate part in these transactions,

Now, on the other hand, if the evidence shows you that, instead of joining in the illegal purpose and undertaking of Jo. Beard, Emma and Gussie, such as I have already alluded to, this defendant, hearing of a woman in distress, and desiring to succor her, and give her the benefit of his professional skill and knowledge, went to her assistance, and finding a dead child in her, went to work to take the necessary steps to save her life, but was unable to do so, then he must not be held responsible for the consequences of any illegal conduct and purposes of which the others may have been guilty. A man moved by pity for the suffering, and desiring to alleviate human misery, risks his reputation, and bestows his time and labor and skill upon a poor creature, such as this girl was, merits our profound respect and commendation. And it is your duty, gentlemen, to carefully consider and duly weigh the evidence tending to show that this defendant acted as he did for the purpose of saving the girl's life. Go over the whole testimony bearing on this point—weigh and sift it all carefully and dispassionately. Weigh all the evidence, and discriminate as well as you can between the conflicting arguments that may have been presented to you. For instance, ask how soon did he go to relieve her after he heard of it? Did he go at once, promptly in broad daylight, or did he delay until the second night, and why? Moved with pity, and desiring only to save her life, what should he have done when he learned her condition? What did he do when he first saw her? How soon did he put her under the influence of chloroform, and how soon did he proceed to perform the operation

complained of by the prosecution? Was that operation the cause of her death? Was it a dangerous operation, and if so, what care did he take, and what efforts did he make to avoid that dangerous operation, and to prevent a fatal result? What does the evidence show to have been the immediate cause of her death? If she died from the shock to her system, as shown by the witnesses, what medical remedies or appliances known to his skilled and learned profession did he make use of to alleviate or sustain her system against the shock or its consequences? Or if the death was from hemorrhage, or flow of blood, what efforts did he make to prevent her bleeding to death? What would a person skilled in such matters, and trying to save life, naturally do to prevent the consequences that ensued?

Again I say, carefully consider and put to defendant's credit all that he did showing a solicitude for her life, or tending to show that what he did was done for the purpose of saving the girl's life. And if the evidence shows that a desire and purpose to save her life was the intent and motive actuating him, then he cannot be convicted of murder. But if, on the other hand, defendant was lured by a desire for Beard's money, and reckless of the girl's life, and willing and intending to assist in putting out of the way the evidences of Beard's and Emma's sin and shame—if those were his motives, and he joined in pursuing and completing the illegal purpose and desire for abortion that was being carried out by the others, and so performed the operation which caused the girl's death, then he is guilty, and should not go unpunished.

So much I have said, hoping to aid you to a conclusion without the necessity of determining the disputed point as to whether the child was alive or dead. For even though the child was alive, he cannot be convicted if it was necessary to remove it to save the mother's life, and he removed it for that purpose. And so, on the other hand, even though the child was dead when he first saw the mother, yet he may have been guilty, as I stated a moment ago, if he joined the others in the accomplishment of their illegal purpose, having the motives and intentions, and under the circumstances and conditions I have just stated. If he goes into partnership with them in their crime, in the manner I have just supposed, and so causes her death, he must bear the consequences.

The law is, that you should endeavor to make a verdict without imputing perjury to any one, and so it is well for you to endeavor to find whether you may not come to a satisfactory conclusion without, by your verdict, fixing perjury upon any one who has testified.

But if you cannot settle this cause without determining disputed questions of fact, then you must proceed to consider and determine which and what you will believe. For instance, if the testimony of the defendant, offered by himself in his own behalf, differs from that of the other physicians, or other witnesses who testified before you, you must apply to each and all of them the ordinary rules and questions which common sense and experience have shown to be applicable in such cases :

1. How has each one testified—intelligently, dispassionately, fairly, and with a purpose to tell us the truth, the whole truth, and nothing but the truth, or to the contrary ?

2. What interest has each in the issues presented to us?

3. What passion, prejudice or feeling have they shown, or have they been proven to have in the cause?

The reason is this. Experience has shown mankind that men will sometimes depart from the strict line of truth, and that a man is liable to be influenced by his interest, or by his passion, or by his prejudice, and that these motives sometimes cause men to depart from the truth. And therefore, in determining which witnesses we will believe, we rightly take into consideration the interest or prejudices they have in the cause. Another thing you may consider in measuring and determining the weight of credit to be given to any witness. If a person has been shown to have given a contradictory account differing from the statement now sworn to, and you are certain both accounts are not true, you must take that into your consideration in estimating the weight of his testimony. If, for instance, defendant in talking with Jones and the coroner, and with Prather, constantly denied being at Gussie Wilson's, you must take that into your account.

Again, if other people are in doubt as to the guilt or innocence of this defendant, we may be sure that the defendant, at the time and immediately after the woman's death, had a clear idea of what he had done, and hence his conduct may be looked to, and thus help us to see what was on his mind. And so it has been decided and declared by our highest court, that "all evasions or attempts to evade justice, by a person suspected or charged with crime, are circumstances from which a

consciousness of guilt may be inferred, if connected with other criminating facts." * * * * *

In the old common law, the rule that passed into a maxim was, that "flight was equivalent to a confession of guilt." At the present day it is regarded as a mere criminating circumstance, indicative of a consciousness of guilt, and of an attempt to evade justice, which is subject to affirmative considerations which may deprive it of all force. The unfavorable inference against the prisoner would be lessened if he voluntarily returned and surrendered himself to answer the accusation.

Observe, gentlemen, flight is only a circumstance from which an inference may be drawn. The defendant has a right to explain his flight, and his counsel contends that the evidence shows that he fled to Monterey, Mexico, because he was under an injunction from this court not to practice medicine here, and feared that this court would punish him, or cause him great expense in defending himself.

It is your duty to duly consider and weigh this explanation, and give it the value it should have. If you believe the defendant was flying in terror from the court, and not flying from a consciousness of guilt in this case, then the inference against him has been dissipated.

On this point, you must try and put yourselves in his place, and ask what he did. According to his account, was he practicing his profession, or was he simply going in answer to the call of a poor and suffering woman to relieve her of her suffering and save her life? How much punishment would he probably think the court

would put upon him for thus answering a call of mercy, or how much punishment could the defendant reasonably apprehend? It is fair to the defendant to say, that the power to punish for contempt, while limited in extent, is yet somewhat uncertain in other respects, and a man violating an injunction may well be in doubt and fear as to how a court may receive his explanation. It is a serious thing to put yourself in contempt of the State of Alabama and its courts. But it is for you to judge from the evidence how much fear the defendant really had of being punished by this court for this one act of trying to save a human life, and to what flights that fear would impel him. It is also well to remember that our Alabama courts have no jurisdiction to reach across a State line and punish a contempt; and McCurry would have been as safe from punishment for contempt at Rome, Georgia, as in Mexico.

And all these remarks, explanations and qualifications have more or less application to the other testimony introduced by the State, which they say tends to show that defendant, in conversation with the coroner the day of the death, and with Jones the next night, and with Prather in conversations in Mexico and on his return home, constantly denied being at Gussie Wilson's the night before Emma died.

Did he speak falsely then, and if so, why was he seeking to conceal a conscious guilt, and what explanation does he make now, and what inferences should you draw from that conduct? And what effect on his credibility should those falsehoods have, if they were false? These

are all questions for you alone to solve, for you are the sole judges of the facts.

So, if an important witness for the State, such as Dr. S., has made statements which are contradicted by other credible witnesses, that is a matter to be considered in estimating the value of his testimony. But, as I said a while ago, you should not impute falsehood needlessly to any one. For instance, let us suppose that the women witnesses say that they saw the body at the time it was washed and dressed, and nothing was visibly protruding from her, and that Dr. S. says he saw it ten days afterwards at the grave, and having on heavy cotton drawers, which were not on her when the women saw her, and with cotton packed into her, and with her womb protruded outside—you may see a difference, but how may this difference have occurred? What do we know was done with the body after the washing and dressing described by the women? Does the evidence show that it was in a coffin when Dr. S. had it disinterred? If so, must not some one have performed the usual office of undertaker, preparing and moving the body into the coffin; and could or could not those who thus handled the body have caused the changes and differences between what the women say they saw, and what Dr. S. says he saw? However this may have been, and you are the sole judges of such matters, it is my duty to advise you that, in case of conflict or seeming conflict, you should endeavor to reconcile the testimony of different witnesses so as to have them all speak the truth, and needlessly impute perjury to no one.

You have heard the opinions of the doctors who testified orally in your presence, and of those other doctors or medical witnesses whose opinions, as printed in the books, have been introduced in evidence. These opinions are all to be considered by you as evidence. The printed opinions are not, by cause of their being printed, worse or better than the oral opinions. The oral opinions are not, for the reason of your hearing them from the stand, worse or better than the printed ones. They are all alike, parts of the same mass of testimony submitted to you for your sworn judgment. You are the sworn judges of all the facts, and you must consider it all fairly, and determine on your oaths which or what parts of it you will believe. No part is entitled of itself to precedence or favor over the other, except as you in your conscience and judgment may believe and adjudge that one is more reasonable and credible than the other.

Such light as they give you, you should take and digest as well as you can, and make use of in determining whether the defendant acted properly, negligently, or criminally, on the occasion whence this prosecution arose.

As to amount of proof needed to convict, this is just like every other criminal charge. The defendant is presumed innocent until the State, by the evidence, satisfies the jury beyond a reasonable doubt of the defendant's guilt as charged in the indictment. By a reasonable doubt is meant a doubt of defendant's guilt, arising reasonably from a fair consideration of the evidence. It need not exclude every possible doubt, for all human

affairs have some elements of uncertainty about them, and are open to some possible or imaginable doubt. The doubt which requires acquittal must be actual and substantial, not mere possibility or speculation. If not so satisfied of defendant's guilt, you should say by your verdict: "We, the jury, find the defendant not guilty."

If you should find from the evidence that the defendant was guilty of murder, by reason of his share in the procuring an abortion, or attempted abortion, whereby Emma Tucker was killed, you should say by your verdict: "We, the jury, find the defendant guilty of murder in the second degree, and assess as his punishment imprisonment in the State penitentiary for — years." You must fix the number of years at any number you adjudge appropriate to his crime, but not less than ten years.

I should also give you some further instructions concerning manslaughter, and its punishment. The law books say:

"If death ensues from the intentional application of unlawful force, though there may have been no specific intent to kill, and though the weapon used is not ordinarily calculated to produce death, the perpetrator is guilty of manslaughter in the first degree."

Now, if you should think the defendant not proven guilty of murder in the second degree, then ask, is he guilty of manslaughter in the first degree? Did the woman die? And did she die from the wounds received at his hands? And, also, did he so act only because he received Jo. Beard's money to thus help him conceal his crime? And did he perform the operation,

and in an unskillful and negligent manner, so that after the poor young creature had her baby taken from her she was left bleeding to death from the wounds he inflicted upon her, while he made no proper efforts to save her, and she died in consequence of the operation so performed by him? If all these things concur, and they occurred within the jurisdiction of this court in September, 1894, and are duly proven to you, then, although he did not actually intend to kill her, yet if he intended to perform the operation that he did, the law says it is an intentional application of unlawful force, and the man is guilty of manslaughter in the first degree, and your verdict should be: "We, the jury, find the defendant guilty of manslaughter in the first degree, and assess as his punishment hard labor for the county," for such a period as you may fix, not less than one year, and not more than two years, or "imprisonment in the penitentiary," not less than two years, and not more than ten years. The term of punishment for manslaughter in the first degree is one to ten years. If you fix the amount at two years or less, it must be at hard labor for the county. If over two years, it must be in the penitentiary.

Take the case, gentlemen, and agree upon your verdict.

If, with all the guards the law throws around him, this defendant is found guilty, he can make no just complaint of the law or of you. He has only pulled down its penalties on his own head. In such case he has only himself to blame, and he must bear it that the law may be vindicated, that other like offenders may be warned and prevented from committing like crimes.

If he is not proven to be guilty, then, in the name of the State, that desires not the punishment of any innocent man, I say let him go free.

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J. T. Searcy, M. D., Tuscaloosa.

Benj. J. Baldwin, M. D., Montgomery.

W. E. B. Davis, M. D., Birmingham, Ala.

Francis M. Petersou, M. D., Greensboro.

Wm. H. Johnston, M. D., Birmingham.

Prof. A. W. Calhoun, M. D., Atlanta, Ga.

Goldsby King, M. D., Selma.

Frank T. Smith, M. D., Chattanooga, Tenn.

John Brownrigg, M. D., Columbus, Miss.

J. B. S. Holmes, M. D., Atlanta, Ga.

Geo. H. Noble, M. D., Atlanta, Ga.

New Dress.

As THE AGE goes to many new readers this month, and will be in the hands of a large number of physicians who have never seen it before, it will not be considered inconsistent for putting on a new dress. And it is to be hoped that, in its extensive circulation this month and next, THE AGE will meet with a hearty welcome, and make numerous friends who will give it a substantial invitation to come again. We will be glad to place the name of any physician who may desire to subscribe for THE AGE on our books, and give all a most cordial invitation to contribute to the journal anything they may have which will be of interest to the medical profession.

The Buffalo Medical Journal.

We congratulate the editor, Dr. William Warren Potter, of *The Buffalo Medical Journal*, for the splendid success which his journal has achieved. In a few

weeks *The Journal* will be fifty (50) years old, and the editor proposes to signalize its semi-centennial anniversary by increasing its reading pages from 64 to 80, and by making other improvements that will contribute to its efficiency and keeping it abreast of the professional progress of the period.

Many journals during these hard times have gone to the "wall," and it is an indication of much merit, as well as appreciation on the part of the profession, that *The Journal* is enabled to increase its number of reading pages and make other improvements. We wish our friend Dr. Potter another fifty years of successful journalistic work, and that his journal will continue to prosper, and hold up its position at the top of the column of medical journals in this country.

The State of Alabama vs. Dr. S. J. McCurry.

On the 28th of last month, a very interesting and important case was begun in the City Court of Anniston, Alabama, and was the means of attracting a large concourse of people, as well as physicians, to the courthouse for four days. It was plainly evident that an unusual interest was felt in the result of the case, and every one seemed intent on hearing every word of the evidence against the defendant.

It was charged by the State that Dr. S. J. McCurry, in attempting to produce a criminal abortion, caused the death of the woman upon whom the abortion was produced, and that he was guilty of murder in the second degree. Dr. McCurry plead "not guilty." The case, briefly summed up, is as follows :

Miss T——, unmarried, age nineteen, white, home near Riverside, Alabama, became pregnant about the first of June (1-10th) by her brother-in-law, Jo. Beard. On or about the 14th of September, 1894, Miss T—— came to the city of Anniston, and went to the house of one Mrs. Gussie Wilson, who kept a house of ill fame. It was proven in court that Miss T—— had been taking medicines with the hope of producing an abortion, but the medicines did not have the desired effect; and Dr. McCurry was engaged to relieve her of what she had said was a dead child. The doctor was seen at his office a day or two before the operation was done, and made an engagement to see the woman on either Monday or Tuesday night (?), September 17th or 18th. According to the engagement, the doctor went to the house, and after making an examination of the abdomen(?) he told the woman he would relieve her. He gave her chloroform, and with instruments delivered her. This he did in about one and a half hours. In delivering the woman he tore off both legs of the foetus and one arm. He left the house a short time after delivering the woman of the child, and she died the next morning at about seven o'clock. A coroner's inquest was held, and as a result a warrant was issued for the arrest of Dr. McCurry. The doctor, being informed that he was suspicioned of having committed the abortion from which the woman died, left the city and went to Monterey, Mexico. In about four months an officer went to Mexico after McCurry. After some delay in getting papers satisfactory to the Mexican government, Dr. McCurry

voluntarily consented to come back. He came to Aniston, gave bond, and appeared for trial.

At the trial the defendant did not deny having produced the abortion, but he claimed that the child was dead, and that he was justified in doing the operation.

The State's main witness was Dr. W. A. S——, who we will say was put through the CRUCIBLE by the attorneys for the defence. It appears that Dr. S—— was at the City Hall when the news of the death of the woman was received by the city authorities, and he went as he says out of curiosity to the house where the corpse was. He made no examination at this visit. Next day he was summoned by the coroner to attend the inquest. In obedience to this summons the doctor was present, but made no examination of the woman, except to ask the sheriff to remove some cotton which had been placed over the vulva. Ten days later, at the request of the State Solicitor, he went to Riverside, St. Clair county, and had the body of the woman exhumed, and made a post mortem examination. Dr. S—— testified that he found the uterus protruding and lying between the legs of the woman, and that on examination of the womb he found that it was torn from the neck to the fundus. He opened the abdomen of the woman, and found the bladder was ruptured. There was another physician present, Dr. E——, of Riverside, but Dr. S—— says he took no part in the autopsy.

Dr. S—— was criticised by the defense for the manner in which he conducted the examinations, and the defense also introduced witnesses to prove that when the woman was washed and prepared for burial, the uterus was not protruding.

Dr. R. P. H—— was put on the stand, and among other questions, he was asked if there was such a thing as spontaneous rupture of the womb? or, if the womb could be ruptured without any known or apparent cause? The doctor answered: "I cannot conceive of a spontaneous rupture, but can readily understand how a womb may be found ruptured, and yet the cause be unknown." The defense referred to the following authorities to show that the womb was ruptured spontaneously: Ramsbotham, Playfair, Hodge and Leichman.

The State was represented in the case by the Solicitor, A. P. Agee, and Messrs. Cassady, Blackwell & Keith, who made a vigorous and fearful attack on Dr. McCurry. The Solicitor, who spoke three and a half hours, contended that the foetus was not dead before delivery, and that Dr. McCurry, in his determined effort to deliver the foetus, ruptured the womb, from which the woman died.

His Honor, Judge J. W. Lapsley, delivered the charge to the jury.

In concluding this synopsis, we wish to say that we make the following points on the expert testimony, not for invidious criticism, but to call attention to what, in our opinion, was an erroneous error on the part of the physician making the autopsy:

In the first place, Dr. S—— should have made a careful examination of all the surroundings when he entered the room where the deceased was.

In the second place, he should have had another physician with him.

In the third place, he should have made a careful

note of all he observed, or had some intelligent person to have done this for him.

In the fourth place, he should have made the autopsy with the assistance of one or more physicians at this first examination, before the verdict of the coroner's inquest was made.

His failing to observe these important precautions subjected him to the unwonted criticism by the defense, the attorney going so far as to hold out before the jury that Dr. S——, in cutting open the abdomen, had cut the uterus open.

The jury, after considering the case for about eight hours, returned a verdict of "not guilty."

Attorneys for the defense—Mathews & Whitesides, Caldwell, Johnston & Acker.

Books used in the case on Medical Jurisprudence—Taylor, Whortons & Stille' Beck's.

We should state that Dr. McCurry was to receive, according to the evidence, a fee of \$25.00 for this operation.

Mobile Meeting.

The Birmingham *Evening News*, April 9th, speaking of the meeting of the Medical Association, to convene in Mobile Tuesday, the 16th, calls attention to some of the important work which will be done by this body, and we take pleasure in endorsing what is said of our friend, Dr. Cunningham, and also take the liberty of emphasizing these kind remarks by adding his photo. The *News* says :

"The Medical Association of the State of Alabama meets Tuesday, April 16th, at Mobile, to review the work of the past year, to engage in new plans for the development of the best sanitary interests of the people entrusted by the civil law to their care, and to discuss

all questions of scientific and practical work bearing on the popular health. Alabama has for years been recognized as the leader of all the States in everything pertaining to true medical reform, and proposes to stay in the front.

"A notable feature of the evening will be the annual oration, to be delivered by Dr. R. M. Cunningham, whose gifts along this line of oratory are everywhere recognized.



R. M. CUNNINGHAM, M. D.

"The physicians of Mobile are making preparations for the hospitable reception of their expected guests. What this means, the world-wide reputation of Mobile for a cordial welcome to strangers can easily be interpreted."

Richard M. Fletcher, M. D.

Doctor Richard M. Fletcher, of Huntsville, Alabama, was born in Richmond, Va., April 1st, 1831. He was educated at the Green Academy, at Huntsville, his parents having removed to Alabama in 1835. He left school in 1849, and began the study of medicine with Dr. A. L. Harris, and in 1852-3, and in 1853-4, he took the medical lectures at the University of Pennsylvania, and graduated in the spring of 1854.

When he had finished at the University, he removed to Alabama, and has practiced his profession in Limestone and Madison counties ever since. He was president of the Limestone County Medical Society one term. He is now a member of the Madison County Medical Society, and served three consecutive terms as president of that body. He is also a member of the Board of Censors of the Madison County Medical Society, and is now its chairman. He is a member of the Alabama State Medical Association, of which he has been vice-president, junior, senior, and now grand senior counsellor, and at present he is the president of that body. He has read several papers before the State Association, and has contributed largely to the medical journals on professional subjects.

Dr. Fletcher is a consistent member of the Methodist Episcopal Church, South. He was married, August 2, 1855, to Rebecca Mason, daughter of William Mason, of Virginia. Ten children blessed this union, of whom eight are living: Thomas J., Eldred, A. L., Branch, Leslie, Dr. Richard M., Jr., Mary G. and Octavia. Dr.



Richard M. Fletcher, M.D.,

**President of the
Medical Association of Alabama,
1884-85.**

**Compliments of
The Alabama Medical and Surgical Age.**

Fletcher's father died in 1869, aged 84 years, and his mother in 1882, aged 76 years.

Dr. Fletcher rendered important but gratuitous medical service during the war at Richmond and Culpepper Court House, Virginia.

Birmingham Medical and Dental College.

The commencement exercises of this school took place at Seal's Music Hall at 8 o'clock on the evening of the 28th of last month. It must have been gratifying to the faculty of this institution to have such a large and representative assembly of Birmingham's best people to witness this their first commencement. The programme for the evening was well arranged and splendidly executed.

The music by Gramb's Orchestra was excellent and put every one in a happy mood. Capt. Joseph F. Johnston made a short talk. Among other things he told the students what grand opportunities they had in Alabama. He predicted that the State would have 12,000,000 population some day, and each would have a liver and teeth to work on. He contrasted the opportunities of the young men of the present day with those of war times. He paid a handsome tribute to the fair women of Alabama, which was heartily applauded.

Dr. W. H. Johnston, dean of the faculty, presented a diploma to Mr. W. J. Clark, the graduate of the medical college, in the following address :

"A few words to the first graduate of the Birmingham Medical College before we part to-night :

"You have chosen a profession which, to be eminent in, requires more brain, judgment, nerve, celerity of

action, rapid thought, than any other. If you have selected this profession with the sole idea of getting money, then I would advise you to stop now while you are on the threshold. The model physician is a man who loves his kind, who loves his profession, who is gentle, honest, truthful, and pure ; who is conscientious in all his acts, who will be guilty of no act that would lessen his self-esteem, who lives up to the golden rule—so far as any human can. The man who can face a malignant epidemic without in the least shirking, from a sense of duty alone, possesses the highest type of courage. He indeed can be truly called brave.

“The soldier in battle has ambition, glory, honor, love of country, the excitement of the moment, to spur him on. Again let me say to you, if you do not love your profession, if you do not love your kind, quit now and choose anything else in order to make your living.

“You go out from us as the first fruit of the Birmingham Medical College. You are the pioneer. You hew the path through the forest, which we hope it will be creditable to those who may follow you to emulate. Every member of this faculty will rejoice at your success. But this depends upon you individually. Your days of study have just begun. Take at least one good medical journal and keep up with all the advances in your profession. That you owe to those who have trusted you with the lives of their families. As a rule your first patients will be amongst the poor and children. Treat them with the same gentleness and scrupulous attention that you would give to the most exalted. Children are closer observers than most people suspect, and recognize quite readily the good heart in the face. Never deceive them. Don't tell them any lies. Get their confidence, but do it by being gentle and kind. Never be rough or harsh to a child. When you once

have their confidence they will do almost anything you want them to do. The poor are the young doctor's friends if he treats them right. Gratitude and love he will get in place of money, and they are good things to go to bed with. And they will neglect no opportunity to sing his praises.

"Never decline to make a call when you are well and have the time, because you know there is no money in it. The experience you gain may be of vast benefit to you some future day. Even if you are actuated only by mercenary motives you have no idea what benefit the poorest and humblest may be to you in return for your kindness.

"The eminent Alonzo Clark, of New York, was accustomed to tell his class that the pockets of the wealthy were reached on the backs of the poor. Don't under any circumstances be fool enough to believe any individual family belongs specially to you because they have employed you for some time. They have a right to change if they want to, and you show want of sense and littleness of mind by becoming offended. Whenever you have a patient who is dangerously ill do not fail to have consultation if possible.

"If there is a county medical society where you reside, be regular in your attendance. It will pay you. When you are called to see a patient and have gotten the clinical history of the case and are in doubt as to the diagnosis, do not fail to give them a thorough physical examination, and when you have made your diagnosis make up your mind what treatment is appropriate, and do not give it up until you have gotten the physiological action of your remedies. When I go to a patient and see the mantel piece covered with bottles I conclude at once that the doctor who preceded me did not know the trouble. Cultivate your powers of obser-

vation. Ziemssen, in his *Cyclopedia of the Practice of Medicine*, says: 'The successful doctor knows what he wants and is not afraid to do it.' Desperate cases sometimes require desperate or dangerous remedies, and if by those means there is a chance to save life, it is your duty to assume the responsibility. Don't look out for yourself first and then your patient. What I mean is that you must not neglect any means to save the life of your patient, because you are afraid of being blamed by some one if your patient dies. Your heart is not in the right place if you do.

"The conscientious physician, when he has a patient dangerously ill, can rarely keep that patient out of his mind night or day, and when he has undergone great mental anxiety and physical exertion in order to save life, is limp as a rag when it is all over and life has been spared. One of the sweetest pleasures of your life is to know absolutely that you have saved a life. It does not often happen, but when it does it is a great comfort. When you do not know what to do stand aside with your remedies and give nature a fair chance. Don't have all your patients at death's door in order to get credit for their recoveries. Your best and only necessary advertisement in order to insure success is to cure your patients, and they will see you do not lack for material to work on.

"You have chosen a noble profession and see to it that you in no way belittle it. Do not abuse your fellow practitioners. If they do not treat you right and courteously do not descend to their level. Give them a wide berth, but keep your mouth shut.

"Remember Davy Crockett's saying, viz.: 'Be sure you are right and then go ahead.'"

Dr. T. M. Allen, dean of the Dental College, then awarded a diploma to Mr. E. A. Wilson, the graduate of the Dental College. Dr. Allen spoke a few eloquent words of advice and instruction to the dental students, after which it was announced that the next session of the Birmingham Medical and Dental College would open October 1st, 1895.

Society Proceedings.

ELMORE COUNTY MEDICAL SOCIETY.

Elmore County Medical Society met in regular session on Tuesday, 26th March, with President N. B. Sewell in the chair.

The following members were present : Drs. N. B. Sewell, Phillip Fitzpatrick, I. R. Nix, J. A. Howle, W. A. Warren, W. A. Huddleston, W. A. Norton, O. S. Justice, A. G. Campbell, J. W. Sewell, J. T. Rushin, S. R. Milner, A. J. Garrett, M. S. Fielder, and John W. Donough.

The following were the visiting physicians in attendance : Dr. Jerome Cochran, State Health Officer, from Montgomery ; Dr. J. A. Goggans, from Tallapoosa County Medical Society ; Dr. J. O. Cousins, from Coosa County Medical Society.

Drs. O. S. Justice, A. J. Garrett, J. A. Howle and M. S. Fielder were nominated for membership, and they were unanimously elected members of the Society.

Dr. Justice announced the death of one of our members, which occurred since our last meeting. The President appointed a committee of three—Drs. Phillip Fitzpatrick, I. R. Nix and W. A. Warren—to prepare suitable resolutions on the death of Dr. T. D. Hall, the same to be presented at next meeting.

By special invitation of the Society, Dr. J. A. Goggans, of Alexander City, was present, and read a very interesting paper upon the surgical treatment of empyæma. The subject was discussed by several members.

Dr. W. A. Huddleston read a paper, and related a case of osteoma sarcoma of the knee joint.

The President appointed as delegates to attend the State Medical Association at Mobile, Drs. J. T. Rushin

and J. W. Sewell; alternates, A. G. Campbell and J. W. Donough.

The President appointed Drs. J. A. Howle, I. R. Nix and M. S. Fielder to prepare papers on such subjects as they wished for the next meeting of the Society.

A committee of arrangements was then appointed to get up a regular programme for the next meeting, consisting of Drs. A. S. Justice, W. A. Norton and J. A. Howle.

Dr. Huddleston, in a very eloquent speech, on behalf of the Elmore County Medical Society, extended thanks to Dr. J. A. Goggans for his valuable paper.

The Society extended its thanks to Dr. Jerome Cochran for his presence.

Society adjourned.

JNO. W. DONOUGH, M. D.,
Sec'ty Elmore Co. Med. Society.

CALHOUN COUNTY MEDICAL SOCIETY.

The Calhoun County Medical Society met in Anniston at 10 o'clock a. m. January 15th, 1895, in regular annual session. Dr. J. C. LeGrand, President, in the chair.

Present: LeGrand, Whiteside, Bullard, Warren, Anderson, Simpson, Smith, J. M. Crook, J. F. M. Davis and Arbery.

Minutes of last meeting (Oct. 3, 1894,) read, and with slight correction were approved.

Secretary read the annual report, and the same was received, showing that we had held four regular and one special meetings during the past year, with an average attendance of eleven members. Two papers had been read before the Society, and three cases verbally reported. Lost one member by the removal of Dr. J. H. Murfee from the State. A few members have al-

lowed their names to be dropped from the roll for non-payment of dues.

We have nineteen members in good standing now on our roll, viz.: Drs. Ayers, Anderson, Arbery, Brothers, Bullard, J. M. Crook, J. F. M. Davis, Douthit, Gordon, R. L. Hughes, Ison, Kelly, LeGrand, Ligon, Mathews, Simpson, Smith, Warren and Whiteside.

Censors, with their terms of office, are as follows : Drs. J. M. Crook, 1895 ; W. J. Warren, 1896 ; J. M. Whiteside, 1897 ; W. B. Arbery, 1898 ; J. C. LeGrand, 1899.

The Treasurer read his annual report, which was received, showing total amount received for dues \$48.30, with vouchers for cash paid out, as per order of Society, \$29.45—leaving a cash balance in treasury of \$18.85.

Board of Censors read their annual report, showing no examinations made this year. Gave a synopsis of County Health Officer's report, etc.

Drs. W. H. Kinabrew, W. W. Little and F. B. Teague made application in due form for membership, and they were unanimously elected members of our Society.

Dr. LeGrand spoke of the old physicians in our county, and suggested their names be added to our roll as honorary members. Dr. Davis moved that Drs. Evans and Bowling be elected honorary members of our Society, and they were unanimously elected, and Secretary instructed to notify them of their election.

The Secretary read a letter from Dr. Gordon resigning his membership in our Society, and by motion his resignation was accepted.

This being the annual meeting for election of officers, the retiring President, Dr. LeGrand, made a few remarks, thanking the Society for past honors which they had conferred upon him.

Election of officers resulted as follows : Dr. J. F. M.

Davis, President ; Dr. W. S. Smith, Vice President ; Dr. E. C. Anderson, Treasurer for three years ; Dr. T. W. Ayers, Censor for five years.

Dr. Davis was escorted to the chair, and in a few well chosen words thanked the Society for the honor, pledging his continued loyalty to the medical profession of Calhoun county.

Dr. LeGrand offered resolutions on the death of Dr. T. C. Hill, which were unanimously adopted.

The County Health Officer made a short verbal report as to his duties as county health officer, and thanked the physicians of the county for their co-operation.

Dr. Bullard read a very instructive paper on endocarditis, exhibiting specimen. A motion to refer the paper to THE ALABAMA MEDICAL AND SURGICAL AGE for publication was carried.

A motion to meet in Anniston next regular meeting was carried.

Approved April 2, 1895.

W. B. ARBERY, Secretary.

IMPERIAL HOTEL.—A great many physicians will go to Baltimore during the session of the American Medical Association, which convenes in that city May 7th. To the doctor who goes to this meeting, a good hotel is one of the things of prime importance, and for a hotel which offers the greater inducements for comfort and pleasure The Imperial is one of the most delightful places in the city. It is convenient to railroads—convenient to theatres, and convenient to the Association Hall. In selecting a place to stop while in the city, give The Imperial a trial. Price per day—American plan, \$2.50 to \$4.00 ; European plan, \$1.00 to \$2.50.

Editorial and Miscellaneous Notes.

WE ask the readers of *THE AGE* to examine the new advertisements in this issue.

THE THOMPSON LABORATORY has an important ad. in this issue of *THE AGE*, to which we ask special attention.

ONE of our new advertisements, to which we especially call attention, is that of *H. K. Mulford Co.*, of Philadelphia, Pa.

SADDLE BAGS.—*The Elam Drug Co.*, of Anniston, Ala., has a nice assortment of saddle bags and buggy cases for sale.

READ the advertisement of the *Rational Pharmacal Co.*, of St. Louis, in this number of *THE AGE*.

ALTA PHARMACAL CO., of St. Louis, Mo., is one of the reliable pharmaceutical houses of the West, which we take much pleasure in placing in our list of new advertisers.

ALCOHOLIC NAUSEA.—If the stomach of your patient is nauseated by the excessive use of alcoholic stimulants, administer one or two teaspoonfuls of *SENG* every hour or two until his stomach is *O. K.*

IN the *McCurry* case, which is fully reported in another department of this number of *THE AGE*, *Dr. E. C. Anderson*, one of the active practitioners of the city of Anniston, was one of the twelve men who composed the jury. *Dr. R. C. Bowcock* was also summoned as a juror in the case, but by request, on the ground that he

was a physician, the court excused him. Dr. Anderson, by an oversight, failed to make his request to be excused at the proper time, and he was compelled to serve.

VISCERAL STEATOSIS—*Reporting Cases Treated with Poke-berry.*—In the summer of 1894, having a case of emphysema in a very corpulent subject, to whom I had been giving morphine and digitalis with some relief, I concluded to try the poke-berry and see if it reduced the amount of superabundant fat upon the pathological condition present. The following is a true report of the case:

In May, T. S. B. aet. forty-eight, native, came and complained of the usual symptoms of emphysema and cardiac weakness. Treatment: Morphine sulphate, gr. $\frac{1}{8}$, three or four times a day. Result: Some relief but not satisfactory to patient, who still complained. His weight was at this time 230 pounds. In early July I put him on Phytoline, Mx. half hour before and one hour after meals. In three weeks he experienced much relief from the shortness of breath, and had lost in weight ten pounds. Then I weaned him away from the morphine, and stopped the digitalis, but continued with the phytoline. In six weeks he had lost thirty pounds, and had no aggravation of the emphysematous symptoms; in fact, he said that he hardly had any trouble at all, and although his breathing was still a little short, the distress had entirely disappeared. In three months the weight was 180 pounds, and in October the phytoline was rapidly decreased, until a week later the remedy was entirely discontinued. His weight to date remains the same (180 pounds), and no recurrence of emphysematous or cardiac trouble has taken place.

—Extract from an article by W. W. Baxter, M. D.

ENURESIS NOCTURNA.—Dr. F. Clark, of Boston, Mass., writing says: "I have used Sanmetto with good results in bladder, kidney and urinary troubles. I had a man come to me from Philadelphia, Penn., who had been troubled from an infant up to the age of twenty-four years with nocturnal incontinence of urine—wetting the bed almost every night. I used three bottles of Sanmetto on him, and found it made a thorough cure. He can go to bed at eight o'clock and sleep until eight the next morning without urinating. I recommend with all honesty, to the suffering and to the profession, the great cure—Sanmetto."

GONORRHEA IN ANY STAGE.—Try internally:

R. Potassii Bromidi - - - 4 dr.
 Sodii Bicarbonatis - - - 1 oz.
 Tinc. Cannabis Indicæ - - - 4 dr.
 Spts. Æth. Nitrosi - - - 3 oz.
 Aquæ - - - ad - - - 6 oz.
 M. ft. sol. Sig.: One drachm three times a day.

And as an injection:

R. S. H. Kennedy's Ext. Pinus Canadensis (White) - - - 2 oz.
 Tinc. Opii - - - 1½ oz.
 Glycerini - - - 1½ oz.
 Aquæ Rosæ - - - 6 oz.
 M. Sig. Inject every three hours.

—*Medical World.*

THE CLIMACTRIC, OR CHANGE OF LIFE.—Every woman lives in dread of the time when her normal functions will become irregular, or cease altogether. The change of life is a serious crisis in a woman's existence. Dr. Hammond's discovery of the value of Animal Extracts in the treatment of this condition is a decided ad-

ONE HUNDRED POINTS OF PERFECTION.—It is only a few years since the Pabst Brewing Company's malt extract was first placed on the market. It was introduced as the "Best" Tonic, and through its excellence soon became a general favorite. At the great Columbian Exposition at Chicago, the Pabst Malt Extract was examined by the Government Chemist and the Board of Judges, and the result was the highest flattery that could be bestowed. Of all the host of malt productions they examined, coming both from this country and from Europe, the "Best" Tonic was selected as the only one thought worthy of the highest rank. It was marked with the 100 points of perfection. Such a distinction has never been conferred in the history of expositions. It recognized the Pabst Malt Extract as the head of scientific malt foods, and in advance of the highest previous attainments in the production of malt extracts.

SPECIAL NOTICE.—"Sennine" is recommended where a dry dressing is indicated, and is manufactured by the Dios Chemical Co., after first having consulted Sir Joseph Lister and other authorities upon Antiseptics, and also receiving the expressed opinion of the most prominent surgeons and bacteriologists in this country as well as Europe, giving their practical experience as to the best antiseptic for dry dressing.

"Sennine" is intended exclusively for the physicians to prescribe, and is not put up as a highly perfumed toilet deodorizer or soap, or in other words, the manufacturers do not seek to reach the masses; this they leave to those manufacturing patent medicines. "A word to the wise is sufficient." To physicians only who clip out this notice, and mail same to the Dios Chemical Co., St. Louis, Mo., they will receive a full-sized two oz. box (\$1.00) by mail post-paid, free of charge.

vance in modern scientific therapeutics. The Animal Extracts, more particularly cerebrine and ovarine, are peculiarly useful in the treatment of the diseases of women. They are best employed alternately, beginning one week with cerebrine and the next week with ovarine. The recuperative action of cerebrine upon the nervous system has been successfully employed in many cases.

PROFESSOR LOEFFLER'S NEW TREATMENT FOR DIPHTHERIA.—At the eighth International Congress of Hygiene and Demography, held at Buda Pesth, Sept., 1894, Professor Loeffler submitted a remarkable paper on local treatment of diphtheria, with Toluol Solutions Nos. 1 and 2, claiming that not alone were the baccilli of diphtheria destroyed, but all pathogenic baccilli were killed in five seconds after its application.

During an epidemic of diphtheria, with a general mortality of 28 per cent., he reports "seventy-one cases treated by himself in private practice without a death."

As Loeffler states, this local Toluol treatment in no way antagonizes the use of antitoxin injections; indeed, it is best to use them conjointly.

It is also claimed in the treatment of Pollicular tonsillitis, that Toluol Solutions are of the greatest value.

Dr. W. J. Moh, of Chicago, Ill., (*Med. News*, January, 1895,) reports a number of diphtheritic cases treated successfully with Toluol Solutions.

H. H. Mulford Co., of Philadelphia, with a Chicago Depot at 112 and 114 Dearborn street, are preparing these Toluol Solutions in strict accordance with Prof. Loeffler's formulæ, and are furnishing them at the moderate cost of 75 cents per bottle, or one bottle of each for \$1.35, postage paid.

Literature will be supplied upon application to them, and mailed to any address.

Book Notices.

A SYSTEM OF LEGAL MEDICINE. By Allan McLane Hamilton, M. D., Consulting Physician to the Insane Asylums of New York City, etc., etc., and Lawrence Godkin, Esq., of the New York Bar, with the collaboration of Prof. James T. Babcock, Lewis Balch, M. D., Judge S. E. Baldwin, Louis E. Binsse, Esq., C. F. Bishop, Esq., A. T. Bristow, M. D., B. F. Cardozo, Esq., C. G. Chaddock, M. D., A. F. Currier, M. D., C. L. Dana, M. D., Geo. Ryerson Fowler, M. D., W. T. Gibb, M. D., W. S. Haines, M. D., F. A. Harris, M. D., W. B. Hornblower, Esq., Charles Jewett, M. D., P. C. Knapp, M. D., R. C. McMurtrie, Esq., C. K. Mills, M. D., J. E. Parsons, Esq., C. E. Pellew, E. M., Judge C. E. Pratt, W. A. Purrington, Esq., B. Sachs, M. D., F. R. Sturgis, M. D., Brandreth Symonds, M. D., V. C. Vaughan, M. D. In two large royal octavo volumes of about 700 pages each. Illustrated. Price, in substantial cloth binding, per volume, \$5.50; in full sheep, uniform law style, per volume, \$6.50. Sold by subscription. Orders taken only for the complete work. E. B. Treat, Publisher, 5 Cooper Union, New York City. Vol. II.

After reading carefully the second volume, we are more than ever pleased with this splendid work. The *Texas Medical Journal*, speaking of this volume, says:

This volume, which completes this most admirable "system," contains 738 pages, with 84 illustrations, and treats of a variety of subjects of the greatest interest to the student of legal medicine. The opening chapter, by Wm. B. Hornblower, Esq., of the New York bar, is on "The Duties and Responsibilities of Medical Experts," and no physician, who has been called on to testify before a court, can fail to be interested in this chapter, and every physician should familiarize himself with the rules here laid down for his guidance in giving testimony before courts of law.

The chapter on "Insanity in its Medico-Legal Bear-

ings," is by the able editor, Allan McLane Hamilton, M. D. This is a carefully prepared article covering one hundred and forty-nine pages of this volume. The causes and development of insanity, the different forms of insanity, the responsibility of the insane, the responsibility of those in charge of the insane; in fact, insanity in all of its medico-legal bearings receives due consideration in this article. * * * * *

The following list of subjects next claims our attention :

"The Effects of Electric Currents of High Power upon the Human Body," by Allan McLane Hamilton, M. D., and George DeForrest Smith, M. D.; "Accident Cases," by Lawrence Godkin, Esq.; "Mental Distress as an Element of Damage in Cases to Recover for Personal Injuries," by John E. Parsons, Esq.; "Feigned Diseases of the Mind and Nervous System," by Phillip Coombs Knapp, M. D.; "Birth, Sex, Pregnancy, and Delivery," by Andrew F. Currier, M. D.; "Abortion and Infanticide," by Charles Jewett, M. D.; "Genito-Urinary and Venereal Affections in their Medico-Legal Relations," by F. R. Sturgis, M. D.; "Marriage and Divorce," by Simeon E. Baldwin, LL. D.; "Sexual Crimes," by Charles Gilbert Chaddock, M. D.; "Surgical Malpractice," by George Ryerson Fowler, M. D. The volume closes with an appendix giving a concise epitome of the laws of the different States and Territories of the United States which relate to the general care of the insane.

These two volumes, constituting Hamilton's "System of Legal Medicine," are worthy of the highest commendation. The contributors were selected from the highest ranks of the medical and legal professions, and each and every article in the two volumes bears the stamp of a master. The work, as a whole, demonstrates

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the possibilities of close application and persistent toil. It is one of the great books of this century.

ANTISEPSIS AND ANTISEPTICS. By Charles Milton Buchanan, M. D. With an Introduction by Prof. Augustus C. Beenays. The Terhune Co., Newark, N. J., 1895.

“The first four chapters give a condensed history of antiseptics and antiseptis, from the earliest times to the present, followed in succeeding chapters by a discussion of the products of vital, cellular and bacterial energy; infection, susceptibility and immunity; antiseptics and their relative value and use in general medicine, surgery obstetrics and gynæcology. The work is admirably written, and full of valuable and reliable information.”

DOSE-BOOK AND MANUAL OF PRESCRIPTION-WRITING—With a list of the official drugs and preparations, and also many of the newer remedies now frequently used, with their doses. By E. Q. Thornton, M. D., Ph. D., Demonstrator of Therapeutics, Jefferson Medical College of Philadelphia; Acting Assistant Surgeon U. S. Marine Hospital Service. Saunders' New Aid Series; pp. 334. Philadelphia: W. B. Saunders, 1895.

This is a very valuable little book, and any physician will find it useful to refer to. The text is well arranged for study, and concisely stated. As a text book, it is unequaled in its department.

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Original Communications.

PERITONITIS.

By E. P. RIGGS, M.D.,

BIRMINGHAM, ALA.

Read before the Medical Association of the State of Alabama, at Mobile,
April, 1895.

IT appears a just criticism to say that the progress in medicine and surgery has been seriously retarded by failure on the part of its votaries to correctly observe nature's method of prevention and cure. Modern research has completely changed our views with regard to inflammation, and teaches us very clearly that we have been fighting, not our foes but our friends.

Every organism has two chief methods of self protection against the invasion of micro-organisms. Leucocytes, or phagocytes, as they are called by Metchnikoff, constitute a standing army constantly on duty and ready, at a moment's notice, to double-quick to any point of threatened attack. For a time it was supposed that the scarcity of leucocytes in the general circulation dur-

ing an inflammatory process was due to their destruction by bacteria; but further observation showed that simultaneously with their disappearance from the large vessels they became greatly multiplied in the capillaries. Whenever invasion is threatened from any source an afflux of leucocytes to the part immediately takes place. Not only are they found crowded together along the walls of the capillaries, but are seen also filling the lymph spaces surrounding the disturbed area. According to the Russian bacteriologist leucocytes have the power of absorbing and destroying micrococci. He states that the germs have been seen in the substance of the cells. There are two principal forms of phagocytes—the large nuclear, or macrophagus, with much protoplasm and ameoboid movement, and the small multi-nuclear, or microphagus. Both are of epithelial or endothelial origin and have the power of destroying bacteria, though not the same kind. In some instances after the microphagi have destroyed certain forms of bacteria, they are themselves taken up by the larger ones.

The very exhaustive and prolonged research of Woodhead, has thrown considerable additional light on this field. He seems to have demonstrated that the phagocytes do not destroy bacteria, but take them up and convey them to the nearest lymph-glands where the struggle for existence is carried on between the germs and the adenoid tissue of which the glands are composed. If the endothelial cells are healthy and vigorous and the micrococci are not too numerous or virulent, they are victorious and succeed in completely annihilating the

invading host. If, on the contrary, their vitality is lowered or the enemy strong in strength or numbers, they succumb, and their protoplasm supplies nutriment for the enemy, becoming a veritable commissariat in their own country. Thus the bacteria propagate and extend their dominion until the entire organism is overwhelmed by their products. When the first aggregation of glands are incompetent, the leucocytes carry them to the adjacent ones for assistance, and so on until a large number are successively involved. Hence the leucocytes, under these circumstances, are the vehicles for disseminating that which, with more favorable conditions, they would destroy. A fact which has an important bearing on Woohead's doctrine is that the lymph glands are clustered almost exclusively at those points of the body where bacteria must pass before gaining access to the system at large. The axillary gland guard, the entrance from the arm, the cervical from the face and throat, the inguinal from the lower extremities and sexual organs, and the mesenteric, in great profusion, watch over the bowels. Another, but yet stronger proof of the truth of the current deduction may be found in the increased activity of these glands when threatened by invasion. Again, it is a common observation that the spleen, which is the crown-head of the lymphatic system, becomes much enlarged, and its functions greatly increased when organisms of any kind are to be combatted. But when nature, in the manner above described, fails to exterminate poisonous germs, she does not ignominiously abandon the field, but, like a wise and courageous general, she concentrates her forces and

erects a wall which proves a successful barrier to bacterial invasion. The same leucocytes, before mentioned in the open fight, are now employed in the construction of a breastwork of defense.

After segregating and surrounding the disturbed part, they are first formed into giant cells, and finally into fibrous tissue. This process is the cause of the phenomena usually described under the term inflammation. Time permitting, it would not be needful to detail the characteristics of this process, for an accurate description can be found in any modern text book. It is sufficient to repeat here that it is conservative and not destructive. What has been said of inflammation in general applies with equal strength to inflammation within the abdomen. The clearest idea of the anatomical arrangement of the great abdominal lymph sac may be obtained by imagining the cavity perfectly empty and lined with a membrane—the viscera emerging from the dorsal wall and growing until partially or completely surrounded by the membrane (Robinson). The surface of the peritoneum has been estimated equal to that represented by the entire integument. Externally it is smooth and covered by squamous cells. Internally it is lined by endothelium and studded by stomatta which open directly into the lymph channels. The relationship existing between the nerve supply of the peritoneum abdominal muscles and integumental covering is worthy of remembrance. They are all derived from the same source—the lower intercostals and first two lumbar, resembling in this respect the nerve distribution to joints which, as shown by Hilton, play such an important part

in their protection. The most important functions of the membrane are to anchor the viscera, to facilitate their movement, to transmit vessels and nerves to and from them, and last, but by no means least, to check the invasion of micro-organisms. When it is remembered that the peritoneal cavity will absorb in twenty-four hours fluid equal to five or ten per cent. of the body weight; that the endothelial cells, with which the structure is abundantly supplied, are the chief agencies in the destruction of bacteria, we are fully prepared to recognize its great power in this direction.

It is interesting in this connection to note that the outer surface of the peritoneum tolerates with impunity any number of pus germs, seeming to justify the inference that it is non-absorbable, and that germs are powerless to pass through it. A remaining point which should not be forgotten is that the cavity of the peritoneum is a potential one, and becomes actual only when it is opened. It is believed that disturbance in intra-abdominal pressure will in all likelihood furnish some explanation for the cure of tuberculosis and other abdominal lesions, by simply opening the cavity. Treves thinks intra-abdominal pressure furnishes a reason why, in perforated and punctured wounds, foeces frequently fails to escape. That evolutionary processes have increased the resistance of some parts of the membrane is satisfactorily proven by the fact that those regions of greatest exposure are the most resistful, and, at the same time, the most tolerant. In the localities of the gall, bladder, appendix, and ovaries, where the danger is greatest, the symptoms, as a rule, are comparatively

mild. Only when the neighborhood of the small bowel is involved, where attacks are accidental and rare, do the symptoms become grave and alarming. This opinion receives additional confirmation from the experience of all operators showing that patients who have had chronic or repeated visceral disturbances, stand surgical manipulation much better than do those who have been exempt from such conditions. To assign inflammation as the cause of death in most cases of peritonitis is a demonstrated falsity. Indeed, with the light of recent knowledge, it would be nearer the truth to say, rather, that death was due to the absence of inflammation. The symptoms in these cases are symptoms of systematic infection, just such symptoms as are witnessed in all forms of toxemias; and autopsies show the appearance of the peritoneum to be not at all proportionate to the constitutional manifestations preceding death. "Disappearance of the gloss, a few frail adhesions and a little turbid serum is all that is to be found." Clearly these are instances where the micrococci have overwhelmed and destroyed nature's insufficient army of phagocytes. Where life is protracted, the same explanation holds. Here the forces being more nearly equal, the battle is simply prolonged. Let me not, however, convey the impression that inflammatory phenomena play a subordinate part in all forms of peritonitis, for they are paramount to the localized forms; and these are of greatest interest to us, because it is here that our assistance may avail much. Surgical treatment in the fatal cases alluded to, has been almost uniformly unsuccessful, but where the leucocytes have succeeded in fenc-

ing in the aggressors, it is for the triumph of surgery to come to the rescue, and with one fell stroke remove the offending legion. The localized and encysted forms are common outside of the region limited by the colon. Chiefly in the situation of fallopian tubes, appendix, and gall bladder. What an illustration of nature's wisdom to place these dangerous organs where infection through them can be most effectually guarded against. The colon and mesocolon are capable of preventing the contents of a ruptured gall bladder from entering the general cavity. The normal position of the appendix is behind and slightly to the inside of the cecum, and it is remarkable with what rapidity an inflammatory exudate will completely surround it. Although the fallopian tubes open directly into the peritoneal cavity, yet inflammatory action in its ligamentous covering invariably obliterates their caliber. This is not only pointed to by theory, but is substantiated by autopsies on adults who have died of varied causes, which show by the presence of adhesions that fifteen per cent. had had inflammation about the gall bladder, twenty-five per cent. appendicitis, and fifty per cent. of women inflammation in the tubular and ovarian region. It therefore becomes manifest that by inflammation an organism is to a considerable degree capable of self-preservation. The testimony of many reliable observers furnishes adequate data for the conclusion that all forms of inflammation of the peritoneum are attributable to some variety of germ infection. In a great number of instances the infection is confined to neighboring tissue, and the inflammation excited in them extends by contiguity to

the peritoneum. Excluding operative and accidental wounds, it is safely within the bounds of prudence to assume that the bowel and fallopian tubes mainly are the direct thoroughfares of transmission.

Treves, in lectures delivered before the Royal College of Surgeons, London, promulgates the opinion that nearly, if not quite all, attacks of idiopathic peritonitis, excepting the pelvic forms, may be traced to the bacillus coli communis. He points out some features which are strikingly peculiar to this germ. The alimentary canal is its natural habitat, and it may be found in healthy individuals throughout the entire canal. There are varied forms of the germ, and for a time were mentioned under different names, but deeper research has fully established their identity. It has a strong resemblance also to the typhoid bacillus. So long as the wall of the bowel remains normal, the bacilli appear harmless, and manifest no disposition to migrate through the bowel wall, or to wander into the tissue after death. As soon, however, as the bowel is altered by disease or injury, they are at once transformed into pathogenic pus producing bacteria, which pass through the bowel structure with facility, and extensively invade the tissues after death. The effect of a culture injection depends upon the dose administered. A small dose produces a transitory influence, a larger dose a circumscribed inflammation which may result in suppuration, and if the poison is sufficient in quantity death quickly ensues before inflammation has had time to set up.

Other forms of bacteria found in foeces are very short lived in the peritoneal cavity—the colon bacillus alone flourishing.

Woodhead, as the result of his recently completed investigation, takes the position that infection in tubercular peritonitis occurs through the bowel. The idea being that the bacilli pass through the stomach and bowels during a quiescent state, when no food is present, until they, at length, reach the adenoid patches, where they are taken up by the leucocytes and carried to the nearest lymphatics, and being the fittest they survive.

Infection through the avenues of the sexual organs is most likely always due to the agency of some of the pyogenic microbes which find a nidus in the discharge and reach the peritoneum by extension. Experimental study furnishes convincing evidence that the gonococcus will not live in the peritoneum.

It has been shown that the bacillus coli communis, staphylococci and streptococci all alike have their activity greatly increased when injected with a sterile solution, which is feebly absorbable, such as blood, and with one that disorders the endothelial cells of the peritoneum. Saline solutions retard development, and the peritoneum successfully disposes of a good quantity when they are injected with a bland and freely absorbable medium.

The peritoneum is a peculiarly sensitive structure, and when severely disturbed from any cause the prominent symptoms are those of profound shock, and if these are not hastily terminated by death, the symptoms following reaction in cases of general infection are those of septic intoxication. The early phenomena are from the impression made on the nervous centers,

and we may add that similar symptoms are not seldom witnessed in purely neurotic conditions. We have good authority for the statement that the abdomen has been opened a number of times for obstructions and no pathological conditions whatever discovered. The diagnosis may be rendered still more difficult by the presence of extreme tympany, severe abdominal pain, and even odorous vomiting as mere nervous manifestations. Gubler has written of such cases under the term peritonism. In the acute localized inflammatory cases marked hyperaesthesia and muscular rigidity, with some pain, are the important manifestations.

We have already called attention to the distribution of nerves derived from the same source to all the structures from viscera to entegument, and here the purpose of this arrangement is made plain, explaining the utility of hyperaesthesia in producing, by direct reflex action, muscular rigidity, and muscular rigidity protects the diseased structure beneath, thus fulfilling in the most perfect way possible the essential conditions for repair, rest and relief from pain. As the disease progresses tenderness abates and the rigidity is replaced by relaxation. Facial expression and tympany precedes in importance all other symptoms in the diagnosis of peritonitis. The connection of the facial nerve with the vagus no doubt explains the countenance of anguish which once seen is never to be forgotten. Meteorism, which is almost invariably present in all forms of peritonitis, is accounted for by derangement of the secretion and paralysis of the bowel. Secretory disorder is brought about reflexly through Meisner's plexus, and pa-

ralysis is effected in like manner through Auerbach's ganglion, and is increased subsequently by distension from the gases of the decomposed secretion. Pain may be absent altogether, but when present is usually referred to the umbilicus, though it may be complained of in any part of the abdomen. Vomiting is often conspicuous, and may become stercoracious. It is this symptom which is most liable to lead astray, and it is well to remember that it is due to paralysis and not obstruction. Robinson attempts to explain the circulatory phenomena often accompanying peritonitis by reflex irritation of the vaso-motor centers. The vaso-motor contractors are in some wise stimulated thereby, causing constriction, which almost amounts to obliteration of the peripheral capillaries, forcing the blood into the centers and necessitating great cardiac vigor to overcome the increased resistance. Resistance, in a measure, may be augmented by the presence of gas emptying the arterioles of the bowels and abdominal wall. This is a rather plausible explanation of the palid surface, feeble pulse and forcible heart that is somewhat peculiar to this condition. In many cases the only possibility of a correct diagnosis consists in an exploratory incision; but I am strongly of the opinion that no surgeon, however skillful he may be, is justified in opening an abdomen for the purpose of diagnosis until he has exhausted every other method of physical examination; nay, I would say not then till it had been approved by a competent consultant. To jeopardize a life unnecessarily is criminal, and if it is urged that the operation is devoid of any risk, the objection still ob-

tains, for to extort a fee is dishonorable. "I will keep pure and holy ; I will inflict no voluntary injury," are words from the oath taken by the father of the healing art, and it might be well for humanity if these sentiments were bequeathed to the present generation of surgeons—"we touch heaven when we lay our hands on a human body."

Treatment of peritonitis has been summed up into salts and surgery. The beneficial influence of salines depends upon their early administration. Mr. Tait emphasizes the importance of this when he teaches that salines accomplish the greatest amount of good as a preventive measure in post operative cases. In the later stages, after the bowel becomes paralyzed, but little good is to be expected of them. Salines stimulate peristalsis thereby preventing paralysis ; they remove a large number of germs from the canal, and lower the vitality of those remaining. They greatly increase the activity of the lymphatics, which enables them to dispose of a larger number of bacteria. It is apparent, therefore, that the action of salines is perfectly congruous with the advanced idea we have attempted to bring out with regard to cause, and furnishes us a rationalism for what was before merely empiricism. When salines have produced several movements, opium undoubtedly possesses merit. By relieving pain and inducing quietude, it places the system in the very best attitude for the work it has to perform. The localized suppurative form, as I have before stated, are the most amenable to treatment. Surgery here is master of the situation. It has been said by some eminent in

authority that no surgeon discharges his duty who fails to operate as soon as the nature of the case has been made out; by others, when salines, after twenty-four hours, had not brought relief. To these opinions I must dissent. In perforative cases no competent surgeon would delay. Surgery then is obligatory. But when a day has elapsed without a rupture, the exudate is usually quite sufficient to prevent it for some time. It takes but a few hours to metamorphose a leucocytes into fibrous tissue. By this process of walling in, pus germs are weakened, and may be finally destroyed. Again and again have we seen an exudate that filled the entire inguinal region disappear, and the patient restored to health within a short space of time. And if the case goes on to suppuration, the operator can select a time when, for reasons already given, operating will be less dangerous. When pus is diagnosed, and other conditions are favorable, the sooner the interference the better. We have pointed out that injury of the bowel wall transformed the colon bacillus and favored their passage out; also that injury of the endothelium increased the activity of pyogenic germs. For these reasons, if there were no other, manipulation should be limited to simple drainage. All attempts to break up adhesion and find diseased structures, should be strenuously avoided. Exception may be admitted where paralysis of the bowel existed, then it would be proper either to attach the bowel to the same opening and encise it, or make a second opening for the purpose at a convenient point. By making this artificial anus, draining and flushing, a great deal of discomfort

would be relieved. After recovery the sinus could be closed with little difficulty.

Septic peritonitis has been regarded as a hopeless condition and the results of surgery were not at all encouraging. This, no doubt, was due in a large measure to antiseptic solution for the purpose of irrigation. Any solution sufficiently strong to possess the slightest antiseptic value is positively harmful to the endothelium of the peritoneum and any injury to this structure decreases absorption and lessens the resisting power of the membrane. Therefore they should never be used within the general cavity. The results of practice as well as the indications of theory point to a sterile salt solution as the one par excellent for this purpose.

McBurney and others have reported a large per cent. of recoveries when salt solutions had been used for irrigation. The plan suggested by McBurney is quite in accord with common sense and corroborates the accuracy of experimental research. It consists in making a four or five inch incision and with the sponge or gauze, removing as thoroughly as possible all the fluid in sight.

Then flush by pouring from a pitcher a sterile solution of salt (one-sixth of one per cent) as hot as the hand can bear. First filling the pelvis and rapidly sponging away, refilling and again sponge up and so on until the fluid returns clear. Other parts of the cavity are treated in like manner. Finally the cavity and bowel are dried as well as can be done with the sponge and a glass tube loosely packed with gauze is passed into the pelvis; around the tube, gauze is passed for several inches among the folds of the intestine. The

wound is left unsutured and the dressings removed in from twenty-four to forty-eight hours. At the second dressing, if the discharge is not considerable, only the tube packed with gauze should be allowed to remain. As the gauze outside of the tube would become attached to the mesentery and bowel and would be difficult to withdraw and liable to inflict damage and cause troublesome oozing. In view of the utter hopelessness of this condition without the surgeon's aid and in view of the increasing per cent. of recoveries by operation, I believe it to be the part of true conservatism to give these cases the benefit of an operation.

These operations are not difficult, and can be safely made by any well qualified general practitioner. In fact I have failed to comprehend why a surgeon who can ligate an artery, excise a joint and trepan a skull should be excluded from the *sacred precincts* of the abdomen. The principles of surgery are the same everywhere, and the title of surgeon is unworthily bestowed on the one who is not at home in any part of the human economy.

AN ADDRESS.

BY F. A. WEBB, M. D.

FAIRFORD, ALA.,

Delivered March 28, 1895, before the Alumni Society of the Medical College of Alabama at Mobile.

Fellow Alumni of the Medical College of Alabama :

THE soldier, the hero, the instructor, and Christian gentleman, Robert E. Lee, in writing to his son, closes his letter with these words : "In regard to duty, let me in conclusion to this hasty letter inform you that

nearly a hundred years ago there was a day of remarkable gloom and darkness—still known as the dark day—a day when the light of the sun was slowly extinguished, as if by an eclipse. The Legislature of Connecticut was in session, and as its members saw the unexpected and unaccountable darkness coming on, they shared in the general awe and terror. It was supposed by many that the last day—the day of judgment—had come. Some one in the consternation of the hour moved an adjournment. Then there arose an old Puritan legislator, Davenport of Stamford, and said if the last day had come he desired to be found at his place doing his duty, and therefore moved that the candles be brought in so that the House could proceed with its duty. There was quietness in that man's mind—the quietness of heavenly wisdom and inflexible willingness to obey present duty. Duty, then, is the sublimest word in our language. Do your duty in all things, like the old Puritan; you cannot do more, you should never wish to do less.”

It is the voice of duty that calls us here to-day “as beloved and honored children of one common Alma Mater,” and as your presiding officer it shall be my endeavor to call to mind some of the duties that are ours.

The annual meetings of our association are a privilege that none of us can well afford to lose. We need the friendly association of our fellow Alumni. We need the mutual interchange of experience and opinions. We recognize the fact that we are a brotherhood whose end and aim is to make humanity physically stronger, and as a consequence, morally and intellectually better,

because man's moral and intellectual attributes depend in a large measure upon the development of his physical organization. We meet to recall memories of by-gone days, to renew broken friendship. Have we wronged a friend? If so, let us go to him with the words of manly confession and frankly seek conciliation and a renewal of friendship. Has he wronged or injured us? Let us still be the more ready to meet him with words of kindness, for it may be that he is anxious to bridge the gulf that has divided us, and is holding back for fear of being repulsed. Why not then if there is a broken friendship recorded against any of us, go and span the chasm with forgiveness, and like the rainbow on the cloud be the memorial of peace? Let charity lift our hearts above all bitterness and strife, and cast its kind mantle over the errors and frailties of one another. Had I the power—

“ Friendships that have been estranged,
And hearts that have grown cold,
Should meet again as parted streams,
And mingle as of old.”

May I not remind you of our duty to recognize the importance of the medical profession? That we may fully comprehend this, it may be necessary to ask what is the great purpose of our lives? What is the object of all labor in the various industries of the world? Why the struggle to gain knowledge, wealth, honor? Are these the end of our existence? Is it possible to lose sight of one of the chief ends of life and make of these the end, which is but a means to the end? We acquire knowledge and wealth that we may live. For

this our every energy is put forth to march unawed over the most gigantic barriers, and crush every opposing force that is arrayed against us. For this we have braved the ocean's storm, the torrid heat, and arctic cold endured ; mountains have been tunnelled, rivers bridged, forests cleared, the wilderness to blossom as the rose, and the barren desert to bring forth abundantly. All this that man may live. Let us emphasize the truth. *The greatest object of life is to live.* We are born with inherent desires for life. We are constantly struggling to overcome unfavorable surroundings, to understand the laws of nature, that we may bring ourselves into harmony with these that we may live. If then the end of life is to live, that calling that has to do with man's physical organization must be of chief importance. To realize all this, to value the profession at its true importance, impresses upon us the greater responsibilities resting upon us, by the reason of the high character of our calling, whereby we have the greater opportunities of doing good.

The human frame is said to be the divine idea of mechanism, and nothing in all the works of creation so completely illustrates in its structure what is called by geometers the "principle of least action," that is, the greatest competency in function, with the least expenditure of material. Its figure, symmetry, mechanical, physical, chemical and biological forces are so correlated that it fulfills all the conditions of adjusting internal to external relations. Its organs of special sense, its area of consciousness wherein it is the equipoise of the physical creation, justifies the ascription that man is the

crown and flower of creation. Can any one doubt that it is only by long and minute study that such an organization can be comprehended? A candid and broad investigation of the medical profession shows that it appertains to the most important functions in the commonwealth. A distinguished English writer has said: "I think it will be well for the State when the medical profession is represented in the councils of the nation as weightily as can be assured by official places and conferred dignities."

An eminent German economist has said: "We must look to the medical men to resuscitate society." There are no evils in society that physicians may not do much to avert; there are no foes of human happiness so widespread, miserable and despairing as those that underlie public health, and our profession is the only hope of public relief. To estimate the importance and beneficent influence of the medical profession as a factor in the Christianization of the nations would be hard indeed. The medical missionary has been the pioneer and the advance guard in every effort to carry civilization and Christianity to heathen lands. China, it is said, "was opened at the point of Peter Parker's lancet" England secured her trade relations with India through the treatment of native princes by Dr. Gabriel Broughton. Drs. McKenzie and Irwin opened up North China in favor of Christian civilization by the successful treatment and restoration of the viceroy's wife. Dr. H. N. Allen, a young missionary to Korea, made a lasting impression on the royal family and others by a skillful and successful surgical operation on young Ik, the king's

nephew. The young man's life had been despaired of after the fruitless efforts of "thirteen native doctors." At the critical moment Dr. Allen came to the rescue and snatched the prince from the very grave. The prince whose life had been saved said to Dr. Allen: "Our people cannot believe you came from America; they insist you must have been dropped from the very skies for this crisis." To India, to Persia, to Africa, and every heathen land these missionary heroes have gone from our ranks, vindicating to the world the importance and unselfish spirit of the medical profession. Supine, powerless souls would have sunk beneath the exigencies, trials and dangers that confronted them, but they have marched onward with only the still small voice of duty to cheer them, and like men of power have wrestled with sublime vigor against all opposing men and things, and have succeeded and are succeeding in their noble purpose to banish superstition, to relieve suffering, and to bring the heathen world to civilization and Christianity.

And we dare not neglect the voice of duty that comes mingled with the groans of the sick and the dying. From the position we occupy we are able to see great things that have been done, but in the line of vision is also seen very much remaining yet to be done. Epidemics sweep over our land, in whose wake are to be heard the lamentations of the mourners who sorrow for the loss of those who have fallen under the blightings of the deadly plague.

Men and women are dying with disease so loathsome in character as to make them objects of dread and dis-

gust to all around them, while their bodies are racked with excruciating pains. The physician stands by, often powerless to stay the progress of disease or to relieve the suffering it occasions. In our cemeteries we read the inscriptions upon the stones that mark where the dead are laid. We find that very few have reached the limit of man's existence. In infancy, in childhood, and in early manhood the greater number have passed away. And this often because the laws of hygiene have not been perfectly understood, because the nature of contagious disease has not been discovered, and because we have not been able to eradicate the influence of heredity. Are there no opportunities of usefulness for us in our chosen profession, not only the more skillful application of those truths already known, but to discover new truths? Before us lies the ocean of investigation, upon which we may launch our boats upon a voyage of discovery. Already there are signs of nearness of land. There comes floating to us strange forms of microscopic life. We have picked up the "carved wood" of cell propagation and soon we may expect to take possession of this new world of unknown truths, upon whose shores we will plant the banner of medical science.

"New occasions teach new duties, time makes ancient good uncouth;
They must upward still and onward, who would keep abreast of truth;
Lo, before us gleam her campfires! we ourselves must pilgrims be—
Launch our Mayflower and steer boldly through the desperate winter
 sea,
Nor attempt the future's portal with the past's blood-rusted key."

Our minds imbued with the importance of our calling, we must also have a lofty and correct estimate of our duty to the ethics that govern our noble profession.

The honored dean (Dr. George A. Ketchum) of our Alma Mater in an address delivered on "Medical Ethics" years ago, on an anniversary occasion of the then "Nott Medical Society," connected with the Medical College of Alabama, had this to say: "Ethics may be defined to be the science of moral philosophy, which teaches men their duty and reasons for it." Medical ethics must conform and be based upon this same principle of right and reason to be morally binding and bestow blessings of good upon the profession and upon the world. Medical ethics is the profession's moral law founded on truth and justice, intended to promote professional honor, to elevate the standard of professional excellence, to increase the sphere of professional usefulness, and thus to subserve the cause of humanity. It is that code of honor by which every true and worthy member of the medical profession feels himself bound and guided in his intercourse, with his brother, his patient and the general public. It is that expression of feeling and sentiment that gives to our profession its ideal of complete and thorough oneness; that makes a scientific truth for one the scientific truth for all; which gives a common estate in the facts, aims and purposes that belong to science and the practice of medicine; that acknowledged law of the profession, which, dictated by the true spirit of a scientific and human brotherhood, becomes at once the interpreter and sign of the elevated character and lofty purposes of science, and the rule by which the individual professor's claims to merit, to honor, and to professional standing must be measured. It is that expression of

manly sentiment and intense humanity springing from broad and genial sympathies, which should be, and I trust is, the animating principle of the very soul of profession; and without which no learning, no skill, not even usefulness itself can secure it from sure and speedy degradation. It is the voice from the masters of our science which proclaims in unmistakable language, that the first and last requisite of professional life is not power of intellect alone (however valuable that may be) nor those acquisitions of knowledge, that enrich our thoughts, and give thoroughness and power to our intellectual resources; but those other and finer qualities of generous manhood, of gentle, manly courtesy, and professional dignity, which, as subtle and pervading essences, enter with its healthy vigor and animating impulse, harmonize all rough and discordant elements, and make professional intercourse a brotherly reunion. "It is this link which binds the consistent representatives of medical science in one noble brotherhood, and which makes those who are true and faithful to its requirements, feel that their allegiance to the true professional spirit is paramount to all selfish consideration; and that the claims of that science where the interest of life and death meet continually, that science with whose undisclosed mysteries they must ever wrestle for the well being of mankind, demand that each and every one of its professors, guided by its Code of Ethics, should add to its purity and its power, and thus aid by its disinterested and generous sacrifices in the cause of humanity, and its large outgoing of sympathy, kindness and usefulness, to diffuse through communities,

through states, through nations, that affection, that respect, and that consideration, which its lofty aims and humane purposes justly entitle it to expect."

Would that the occasion and the time allotted would permit me to read you the whole of this address, a very master piece, giving us in eloquent and impressive detail our every duty we owe to each other, the profession-at-large to the public, and the obligations of the public to the profession. Fellow Alumni, let the Code of Ethics be the golden rule by which we will square our professional lives. It is mutually binding on you because it is made to conform to right and reason.

The lesson inculcated by the golden rule of the Bible, "Do unto others as you would have them do unto you," is repeated here. The highest moral tone of this Code, the expression of truth and justice in every sentence of it cannot but tend to promote the sentiment of professional honor and elevate the standard of professional excellence in the mind of one who understands and appreciates it. Then Fellow Alumni let us stand by our duty to this grand old Code that the masters of our profession have left us as an heritage. In every perplexity, in every crisis, do your duty nobly, if you have to do it with your eyes blinded and with the consciousness that you are putting your whole future in the scale. You are not casting your destiny into a lottery full of chances as the future may seem to be, but putting your trust in that which will crown your life with honor to yourselves, your profession and the good of all humanity. If any of us are faltering and wavering let us look upward to that grand monumental pillar true science has reared and gain courage as we—

"Trace the deep lines Sydenham engraved;
On yon broad front, that breasts the changing swell,
Mark where the ponderous sledge of Hunter fell;
By that square buttress look where Velpau stands,
The stone yet warm from his uplifted hands;
Then where the Western sun pours down its rays,
And gilds the effort of more recent days,
Mark that proud column without flaw or spot
That Rush has hewn and Sims and our own Nott."

What shall I say to you of your duty to our alma mater? You have already been reminded to honor her by recognizing the importance of your high calling, to uphold by your every act to the profession and the world her chief corner stone—the code of ethics. It is with pardonable pride that we have watched her grow from year to year, and with her growth elevating the standard for higher and more thorough medical education. Adding from time to time every facility and sparing no expense or pains for educating those committed to her care, and keeping pace in every branch of medical science. Right nobly has she done and is doing her duty. The question comes to each of us, are we doing ours? Have we reflected honor upon ourselves and upon our alma mater by being mindful of her every interest, and that we as alumni are in a large measure responsible for her continued prosperity? Have we been careful to investigate the claims of those that come to us to enter upon the study of medicine? Have we exercised that courage to say no, when we find such an applicant unprepared and unworthy? If we have done this and only encouraged the worthy and imbued their minds with all our noble profession requires, we will reflect honor upon ourselves and our alma mater. One more duty shall claim our attention and I shall close.

It is our duty as a noble profession—a profession so closely related to the clergy—to meet and denounce with no uncertain voice the so-called “rationalism” would rob us of God and faith in the Bible. That eloquent, good and gifted man—Henry W. Grady—writing on this subject a short time before his death had this to say: “It is not surprising that this critical investigation into all creeds and beliefs has come. It is the logical epoch of an appointed time. It is one of the penalties of progress. We have stripped the earth of mystery and brought all its phenomena under the square and compass, so that we might have expected science to doubt the mystery of life itself, and to plant its theodolite for the measurement of the Eternal, and pitch its crucible for an analysis of the soul. It was natural for the Greek to worship his physical gods, for the earth itself was a mystery that he could not divine, a vastness and vagueness that he could not comprehend. But we have fathomed its utmost secret, and felt its secret pulse, girded it, and trapped it to our liking. Science has dispelled illusion after illusion, struck down error after error, made plain all that was vague on earth, and reduced every mystery to demonstration. It is little wonder then, that at last having reduced all the illusion of matter to an equation, and anchored everything to a fixed formula, it should assail the mystery of life itself and warn the world that science would furnish the key to the problem of the soul.”

Tyndall says, “We have exhausted physics, and reached its very rim, and yet a mighty mystery looms up before us.” And this very mystery is the kindling of

the atoms of the brain with the vital spark. There science is baffled, for there is the supreme force that is veiled eternally from the vision of man. "What if so-called science should fathom this mystery and solve the problem of the soul (which she never will), what would it profit?" Destroy our belief and we are left hopeless, helpless, blind. Huxley, the leader of the agnostics, himself confesses: "Never in the history of man, has a calamity so terrific befallen the race, as this advancing deluge, black with destruction, uprooting our most cherished hopes, engulfing our most precious creed, and burying our highest life in mindless destruction." And yet Mr. Huxley urges on this deluge with furious energy. Why they should insist on destroying a system that is pure and ennobling, when they have nothing to replace it with; why they should shatter a faith that colors life, only to leave it colorless; why they should rob life of all that makes life worth living; why they should take away the consolation that lifts men and women from the despair of bereavement and desolation, or the light that guides the feet of struggling humanity, or the hope that robs even the grave of its terror. Why they should do all this, and then stand empty handed and unresponsive before the yearning, supplicating people they have stripped of all that is precious, is more than I can understand.

Fellow Alumni, do you ask me for noble examples who have embraced the teachings of Christianity? Then go with me to yon beautiful and quiet Magnolia Cemetery, and stand with hushed voice and uncovered head at the Grave of William Henry Anderson, and

read these words sacred to his memory: "Beloved and Honored, Cherished and Blessed." And why? Was it because he was the gentle, noble, true physician, the accomplished teacher, scholar and writer? Was it because he labored for education and every good cause? It was these, but it was more. It was because he added to his mind the pure and lofty principles of Christianity and crowned the rest by a heavenly faith, a confiding hope, a holy life. Another name should here be mentioned. The tears are still in the eyes of those that loved him and mourn for him as a warm friend, a generous man, an eminent physician. Amid the crowd of honors, surrounded by prosperity, by friends, by fame, the still small voice from the messenger of heaven whispered to his heart, "all this is not thy rest, follow thou me;" and he obeyed, first doubtfully, and at the close gladly, and so life sweetly passed away leaving the name of Edmond Pendleton Gaines dear to us for his noble, unselfish life, but dearer to the Christian heart for the humility and faith and hope that clustered around life's closing scenes. Tread we lightly on their honored graves; cherish we their glorious memory! And believe not these are the only examples I could bring; ten thousand times ten thousand of bright and pure intellects, of indomitable, fearless courage, have acknowledged the same sway; have worshiped at the same shrine; have gloried in this homage, and have given their life blood as a cement to their faith. Let me say in conclusion, with a conscience satisfied with the discharge of duty, no consequences can harm you; there is no evil that we can either face or fly from but the con-

sciousness of duty disregarded. "A sense of duty pursues us ever. It is omnipotent. Like the deity, if we take to ourselves the 'wings of the morning and dwell in the uttermost parts of the sea,' duty performed or duty violated is still with us for our happiness or misery, and if we say darkness shall cover us, in the darkness as in the light, our obligations are yet with us. We cannot escape from their presence; they are with us in this life, will be with us at its close, and in that serene, inconceivable solemnity which lies further onward we shall still find ourselves surrounded by the consciousness of duty to pain us when it has been violated, and to console us so far as God may have given us grace to perform it."

Gentlemen, may the utmost harmony and interest pervade our meeting, and may I not express the hope that the same kind spirit that prompted you to confer upon me the high honor of your presiding officer will throw around my shortcomings the mantle of charity. My parting wish and hope is that your future may be bright—may the blossoms of Spring-time renew the vigor of youthful hope, may the wealth of honor and the love of duty be the flowers in the garden of your life! May each snowy winter bring its whitened laurels of respect for man, and each returning vernal sun renew the youth of health and usefulness. May every summer's sun brighten your path of progress in deed and thought. May each returning autumn fill the cup of life's pleasures with glowing emblems of the truths of our profession. May love and kindness, health and happiness, follow you all the days of your life.

STATISTICAL INFORMATION CONCERNING THE PREVALENCE OF DIPHTHERIA AND SCARLET FEVER IN BIRMINGHAM, ALA., FROM AUGUST 1, 1894, TO APRIL 11, 1895, WITH SOME PRACTICAL DEDUCTIONS.

BY DR. E. H. SHOLL,

BIRMINGHAM, ALA.

Read before the Medical Association of the State of Alabama, at Mobile
April, 1895.

THE brief transcript of cases hereby given are from the accurately kept records of Dr. Thos. D. Parke, health officer of Jefferson county, with names, dates of report and location.

It will, however, serve my purpose to give condensed details as furnishing sufficient data for a basis of review.

The law by ordinance of the Jefferson County Board of Health requires that every physician shall report to the health officer or assistant health officer every case of scarlet fever, diphtheria, small pox or cholera within twelve hours of the recognition of the disease, and the committee of health have instructed the health officer to be vigilant and issue legal prosecution against any violator of the law where satisfactory proof can be obtained.

The first case of scarlet fever for some months was reported August 29, 1894, the last April 3, 1895—a lady nearly forty years old. The whole number reported during that time was twenty-five. Deaths none.

The first case of diphtheria was reported September 2, 1894, the last February 4, 1895. Total number of cases forty-two, deaths twelve—a percentage of 28 4-7—reported as diphtheritic croup.

Intubation was performed seven times with seven deaths. Tracheotomy was performed in two cases with two deaths. In three cases no report is given as to immediate cause other than as above stated, or rather that so far as is known they died without instrumental interference.

Some of these cases operated on at the very earliest practicable moment went on as steadily to death as if not interferred with, dying by septic exhaustion, but relieved of the terrible pangs of stenotic respiration.

By September 28, ten cases of diphtheria having been reported the committee of health was called together and after discussion decided upon a special and well defined plan of isolation through the working of the public school system which was promptly approved by the county board of health. According to our city law every house with infectious or contagious diseases can be posted, and in case of scarlet fever, diphtheria, small pox, cholera or yellow fever, this is done by the sanitary officer under instructions from the health officer with a penalty for removing the same.

The following plan of isolation and detention from school was agreed upon, with instruction to the health officer to promptly notify the superintendent of public schools, Dr. Phillips who, being a thoroughly systematic man and in sympathy with the details, rigidly enforced the order of the board of health:

Detention of patient from school in case of

Scarlet Fever—Six weeks from date of rash if desquamation has ceased and no sore throat.

Measles—Not less than three weeks if all desquamation and cough have ceased.

German Measles (Rotheln)—In two to three weeks, depending upon severity of attack.

Small Pox and Chicken Pox—When every scab has fallen off.

Mumps—Four weeks from commencement if all swelling has subsided.

Whooping Cough—Six weeks from commencement of whooping if whooping and spasmodic cough has ceased.

Diphtheria—Not less than three weeks, when convalescence is complete, there being no longer any form of sore throat, nor any kind of discharge from the throat nose, eyes, ears, and no albuminuria.

Ophthalmia—Absence of discharge for one month and inner lids free from granulation.

Those who, not having been attacked previously by these diseases, after exposure, are ordered to be detained from school in case of

Diphtheria	12 days.	Chicken Pox . .	18 days.
Scarlet Fever .	14 days.	Small Pox	18 days.
Measles	16 days.	Mumps	24 days.
Germ'n Measles .	6 days.	Whoop'g C'gh .	21 days.

An early investigation as to locality and causation soon taught us that the septic cause was generally diffused, all parts of the corporate limits of the city being invaded. No theory of contact or surroundings could explain the first case or any of the others investigated and reported of diphtheria. Like the wind it blew where it listed, the sound of mourning was heard—"Rachel weeping for her children." No peculiar atmospheric conditions of any kind could solve the problem. It was neither in the milk or water, in the food or drink. It came, it brought sorrow. We may now hope it has lifted its wings and gone. Our general sanitary condition is remarkably good; in fact, perhaps, almost unequalled—a mortuary record among our white population running as low as 4, 7, 8 and 9, per 1,000 per annum

We have long been pursuing Dr. Adam McKittrick, of Conecuh, but finally have overtaken and passed him, and now stand with an absolutely faultless and accurate record, and, perhaps, as low or the lowest death rate of white population of any city in the world. Pure water, good sewerage, paved streets and closely watched sanitation have conduced to this end.

The closing deduction of this paper is that we are led to believe from careful observation that the rule of restriction and isolation which was ordered enforced in every public school in the county and which, in Birmingham, was carried out, with few exceptions, in admirable detail, was the means of saving us from the further spread and consequent fatality of the disease in its very severe form.

Society Proceedings.

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

The First Day.

The twenty-second annual session of the Medical Association of Alabama met in Temperance Hall in the city of Mobile, Tuesday, April 16, 1895, being called to order by the President, Dr. R. M. Fletcher, of Huntsville, Ala.

The exercises were opened with prayer by Rev. J. W. Shoaff, D. D., pastor of the St. Francis Street Methodist Church.

The president then introduced Hon. C. L. Lavretta, who made the address of welcome on behalf of the city as follows:

"Mr. President and Gentlemen of the Medical Association of the State of Alabama :

"Ever and anon the dawn of bright and beautiful spring in our sunny homes is rendered brighter and more beautiful by the assembling of the Medical Association of Alabama in convention in Mobile. I am at a loss to know exactly how I should address you, doctors, friends, humanitarians. Not a brow in the assembled crowd within the range of my vision that has not at sometime felt its throbbing cease by your magic power; not a quickened pulse that has not lessened its velocity; not a dimmed eye that has not been made brighter, nor a bowed heart that has not been lifted into life and hope by your presence, your work and your words of gentle counsel. The pathway of life has brought me in close contact with members of the medical profession, and I have in a measure been a close observer of their methods, and as a class, a more laborious, more cultured, more benevolent and more reliable profession does not exist in the civilization of our day. Why should I tell you of this? Because it is a patent truth, manifest to all observing men, because as a layman it is my privilege, and because on the present occasion it is my exalted pleasure to do so.

"Then, gentlemen of the Medical Association of Alabama, need I assure you that it is no mere formal words as mayor of this city, representing her intelligent and hospitable citizens, her manly men

and beautiful and cultured women, that I doubly welcome your association upon the occasion of your meeting here. You have had such welcome before. It is ever yours to command. You have heard it, perchance, in words better chosen for the occasion, in a voice more elequent, but never from a heart more sincere in seeking to voice the universal expression of my people.

"May your deliberations be as profitable as they are always harmonious. May your stay in Mobile be as pleasant to you as your assembling here is to us, and when you will have completed the work that has called you together, may you carry with you the purpose to return to us again, for Mobile ever greets you with open doors and open hearts.

"Gentlemen of the Medical Association of Alabama, as mayor of Mobile, I heartily extend to you the city's freedom, and welcome you in behalf of every man, woman and child in Mobile, who honor and love their doctor, and this embraces all of us, and in their voices I bid you welcome."

The address of welcome on behalf of the Mobile County Medical Society was made by Dr. Vivian P. Gaines, who spoke as follows:

"Mr. President and Gentlemen of the Medical Association of the State of Alabama :

"In behalf of the Medical Society of Mobile County, it becomes my pleasant privilege to greet and welcome you, and to extend to you our cordial hospitalities. Allow me to congratulate you that at this annual meeting of the association so many representative men of the profession are able to gather for social intercourse, intellectual enjoyment and interchange of professional thought, ideas and courtesies.

"We miss the cordial greeting of many who have met with us in the past. Some have passed through life's great tragedy and fallen before the grim power against which they have waged for years a successful conflict; their success is now our heritage, and their achievements our pride. Others weighted with years, worn with toil, disabled from active service, rest upon their laurels, honored and beloved by those they have served. They may not partake of our present pleasures, and yet are by no means indifferent to our success. Others again, held by the common conflict, find no time for rest from this grandest labor that engages the energies

of man. And still, we are a goodly company. I see before me men who have grown gray in the service, veterans whose brows are wrinkled by care and toil, but whose eyes beam with consciousness of work well done, and victory in closest and hardest contest. Those who have stood as leaders in our association, whose opinions command attention, and whose 'dicta' carry the conviction of authority, minds strengthened by study, fortified by closest research and thought, may they yet see many years in the enjoyment of well-earned laurels.

"Most of us, however, are in the active stage of life, have well entered the field, and the work is before us. For us the mark is to be made, the victory to be achieved and the prize to be won.

"Gentlemen, belonging as you do to a profession the practice of which, while not less exhausting in its nature, is certainly far more exacting in its demands, both upon mind and body, than that of either of the other learned professions, we cannot forget that you have not left the especial fields of your individual labors—even thus temporarily—without subjecting yourselves and the public, whose servants you are, to much greater sacrifices and inconveniences than are usually entailed upon like absence in other men.

"But while the public exactions would ever confine you to the limited circle of your respective places of business, your own mental and physical necessities, as well as the good of your profession, with even greater imperiousness, may demand that you shall occasionally, at least, flee the toils and fatigues—forget if you can the sore trials and vexations of an active practice—and in new scenes and through new associations seek that relaxation of body and that recuperation of mind which overworked organs are sure sooner or later imperatively to demand.

"At whatever sacrifice, therefore, you may have purchased this boon, I cannot but feel that it is well that you have come to this meeting of the association, to contribute liberally, as we trust and hope, of the first fruit of your past experience and observation to our common cause; and that you may, at the same time, draw freely from this inexhaustible fountain of living waters that which shall not only add largely to your present stock of knowledge, but fit you far more eminently for success in the practice of your doubly responsible profession.

"Gentlemen, I bid you welcome, thrice welcome to our hearts and homes."

THE PRESIDENT'S ADDRESS.

Dr. R. M. Fletcher, of Huntsville, president of the association, then read his annual address. The venerable president began his address by welcoming the members and congratulating them upon having the pleasure of meeting together "in this grand old city." He also paid a high compliment to Mobile and her people, "and we, as Alabamians," he said, "feel a just pride in her." He also found cause for congratulation in the continued and increasing prosperity of the whole country.

The speaker then referred at length to the work that had been accomplished by the Medical Association of the State of Alabama. "The excellence of her organization is unsurpassed and the thoroughness of her discipline is one of the principle elements of her power. The board of censors, the college of councellors and the county societies have made her a power for good in the State."

He urged the elevation of the profession to that high position of dignity, influence and honor contemplated by the association. Much had been accomplished in this direction, but much more remained to be done. He referred to the low standard of qualifications for graduation required by the majority of medical colleges as a problem the practical solution of which has not yet been discovered, and advocated a higher education for those desiring to enter the ranks of the profession. He characterized the defects of American medical education to be as follows:

1. Too little preliminary education, and then lack of ability to grasp scientific principles.
2. Too much didactic work by the teacher.
3. Too little clinical work by the students.
4. Too few tests of practical work.
5. Too short a time of actual work and study.

He expressed the hope that the day is not far distant when it will be required of candidates for admission to any medical college that they be graduates in the classical department of some reputable literary college, and be required to be twenty-one years old and study and recite their lessons for four years.

He said that statistics showed there were 130 medical colleges in the United States and 118,000 physicians. During the last decade the proportion of increase of population was 24.8 per cent., while that of newly graduated physicians during the same time was more than 50 per cent. He cited statistics showing the ratio of

physicians to population in a number of countries, ranging from 1 to 7,500 in Sweden down to 1 to 550 in the United States, and said that these statistics show conclusively that there are too many doctors and entirely too many medical colleges in the United States. He stated that the carefully prepared report of the Illinois state board of health for 1894 shows that if a graduate armed with his mighty medical diploma, seeks license to practice medicine in Alabama, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, South Dakota, Pennsylvania, Texas, Utah, Virginia, or Washington, he is met with a proviso that he can come and practice if he can pass an examination by the state board of health. In other words the matter of a diploma is entirely ignored. "These sixteen states are the banner ones," said the speaker, "and I am proud to say that Alabama is in the lead. She is an exemplar for the others to follow. The mountebank and medical jackal will soon be unknown in Alabama. I take a just pride in saying that, taking the profession as a whole, the physicians of Alabama are the finest and ablest in the United States, and I might say, in the world."

The speaker paid a high compliment to the state health officer, Dr. Jerome Cochran, and to the memories of Dr. M. C. Baldrige, of Huntsville, a counsellor, and Dr. N. D. Richardson, of Nashville, a correspondent, both of whom "crossed over the river" during the past year.

The speaker mentioned a rather singular incident. Madison county he said, has been thrice honored with the presidency of this body. The late Dr. J. J. Dement, of Huntsville, presided at Mobile, in 1876; the late Dr. M. C. Baldrige, of Huntsville, at Mobile, in 1889; and the present incumbent, Dr. R. M. Fletcher, Sr., of Huntsville, will preside at this session.

In conclusion the president acknowledged the high honor conferred upon him by the association in elevating him to that position, and thanked the members for their kind and friendly expressions, their sympathy and forbearance, and for their generous support.

The annual reports of the senior vice-president, Dr. John A. McKinnon, of Selma, and of the junior vice-president, Dr. Capers C. Jones, of Birmingham, were then read. They dealt wholly in a review of the work of the various county health officers and county medical societies.

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Secretary J. R. Jordan, M. D., of Montgomery, read his report in regard to the three books in his department.

The Book of the Rules, he reported, had been filled, and another new one secured. It was reported to be here and ready for use. The "Book of the Dead" now contains twenty-six portraits—those of Dr. Milton Columbus Baldrige, of Huntsville, Grand Senior Councillor, of 1877, and Dr. Nicholas David Richardson, of Nashville, Tenn., who was elected correspondent of this association in 1876, having been added since the meeting last April.

The "Book of the Living" now contains the portraits of fifty-seven counsellors, though it should at this time contain sixty-five. He called the attention of the counsellors to Sec. 2 of the Code of Ordinances for the government of the association (page 18, book of rules), which makes it the duty of every counsellor of five years' standing to furnish the secretary his cabinet photograph for insertion in the Book of the Living. Of the twelve counsellors elected at the Birmingham session last year all have accepted the honor and signed the pledge. In conclusion he thanked Dr. E. B. Thompson, of Marion, for obtaining through Miss McAllister the life and history of Dr. McAllister.

The Secretary read a postal card report from the Board of Health of Baltimore, Md., notifying them of sixty-three cases of small pox developed in Charles County in the persons of as many black people.

The Treasurer, W. C. Jackson, M. D., of Montgomery, Ala., read a report showing the association to be in a good financial condition.

A recess was then taken until 8 p. m.

The Evening Session.

The association was called to order at 8 o'clock.

Regular reports constituted the first order of business, the first of which was by Dr. James T. Searcy, of Tuscaloosa, on "The Defective and Dependent Classes in Alabama." This was discussed by Drs. Jerome Cochran, and others, the discussion being closed by the author.

The next paper read was by Dr. H. T. Inge, of Mobile, on "Interesting Cases in Practice." This was discussed by Drs. John

Davis, of Birmingham, C. C. Jones, of East Lake, R. S. Hill, of Montgomery.

A paper on "The Mental State as Conducive of Organic Disease," by Dr. George S. Brown, of Birmingham, was postponed on account of the absence of the author.

Dr. W. H. Sanders invited the members to visit the Medical College Wednesday morning.

The Second Day.

The second day's session of the twenty-second annual convention of the Medical Association of the State of Alabama, was called to order in Temperance Hall at 10 o'clock Wednesday morning, by the President, R. M. Fletcher, Sr., M. D., of Huntsville.

The continuation of the regular reports, which went over from the first day's session, was the first business taken up.

The first paper read was that on "Recent Progress in Brain Surgery, with Special Reference to Cerebral Localization," by Benjamin Leon Wyman, M. D., of Birmingham. The paper was discussed by Drs. S. C. Carson, of Bessemer, E. H. Sholl, of Birmingham, E. P. Riggs, of Birmingham, and the discussion closed by Dr. Wyman. These gentlemen related interesting cases of brain surgery that had come within their practice.

The next paper read was by Dr. Tucker H. Frazer, of Mobile, on "Inflammation on Serous and Fibro-Serous Membranes of Constitutional Origin." The paper was discussed by Dr. E. H. Sholl, of Birmingham.

On account of the absence of the authors the following regular reports on the programme were omitted:

"The Mental State as Conducive of Organic Disease," by George S. Brown, M. D., of Birmingham.

"Report on Gynecology," by Isaac LaFayette Watkins, M. D., of Montgomery.

"Surgical Shock," by Goldsby King, M. D., of Selma.

"Reflex Neuroses from the Male Generative Organs," by Andrew Boyd, M. D., of Scottsboro.

The regular order having been completed, it was determined to hear volunteer papers and addresses. On motion of the Secretary it was agreed that the visitors be heard from first.

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Dr. Karl von Ruck, of Asheville, N. C., was then called upon and introduced to the association and delivered an address upon "Tuberculosis," and its treatment and spoke of the use of Koch's tuberculin and of antiphthisin, an extract from the former.

During his address on the subject Dr. Ruck said the contention had been that tuberculosis was communicated very largely from animals to human beings, and that the proper policy to pursue is not so much the curing of the infected human beings, which in many cases would be hopeless and impossible, but to proceed to the root of the matter and destroy the animals infected with tuberculosis.

The discussion of the question was then turned on bovine tuberculosis and Dr. Jerome Cochran, state health officer, said he was not in line with most sanitarians on the question of infection from either meat or milk from animals suffering with tuberculosis. He did not undertake to say that the infection could not be conveyed to the human being by the use of such meat or milk, but he did say without fear of successful contradiction that the percentage of infection from such causes is very small. He took the ground that current literature on the dangers of such infection is greatly exaggerated.

Dr. Cochran said further that the suggestion of Dr. Ruck would be a costly method to pursue, and would bankrupt the government, and that cases of infection from this source are so rare as to make it unwise to resort to such extreme measures.

In reply, Dr. Ruck said that in the first place the infection is largely through the milk of cows, an animal comprising a species not the most numerous in the country, and only about 12 per cent. of such animals are infected with tuberculosis. As to the number of lives to be saved, whether one or a thousand, is of no question, as the life of one human being is in the estimation of the truly scientific practitioner of more value than millions of dollars saved.

Others who took part in the discussion were Drs. C. A. Robinson, of Huntsville, A. J. Coley, of Alexander City, and R. H. Hayes, of Union Springs.

Owing to the arrival of some of the authors of regular reports, whose absence is noted above, a return was made to that order of business, and a paper on "The Mental State as Conducive of Or-

ganic Disease," was read by George S. Brown, M. D., of Birmingham.

The paper on "Surgical Shock," by Goldsby King, M. D., of Selma, was then read by Dr. E. H. Sholl, of Birmingham.

The reading of volunteer papers was then taken up, the first paper read being by Dr. S. C. Carson, of Bessemer, entitled a "Medical Medley." The next paper was a "Report of Surgical Cases," by Dr. R. S. Hill, of Montgomery.

After several announcements, the association adjourned until 8 p. m.

At 4:30 o'clock in the afternoon the members took an excursion on the electric cars to Monroe Park, tendered by the faculty of the Medical College of Alabama.

The Evening Session.

The convention convened at 8 p. m. and the platform was occupied by the president, R. M. Fletcher, M. D., Senior Censor Jerome Cochran, M. D., members of the board of censors and the Rev. Douglas Peabody, who opened the proceedings with prayer.

The president of the association was introduced by Dr. V. P. Gaines to the audience, and in turn introduced to them Glenn Andrews, M. D., of Montgomery, who delivered the historian's address. After speaking of the honors bestowed upon heroes in war, he spoke of those in civil life, whose monuments are memories in the heart of a people. There is no heroism, he said, so grand and enduring as that of the true physician, who is consecrated to duty and works in the fear of God. He stated that but one member had been taken away from them during the year, Dr. Milton Columbus Baldrige, of Huntsville, Ala. He was born in Comersville, Marshall county, Tenn., May 12, 1832, a descendant of Scotch-Irish parentage. Reared on a farm, he received a limited education from country schools, and during early youth assisted his father at the tanner's trade, but being ambitious sought and studied medicine. He afterward graduated from Bellevue Medical College, New York. He was an assistant surgeon in the Confederate army. He served a term as president of this association and was prominent in his profession, both as a practitioner and writer.

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The next address was the monitor's address, by W. H. Johnson, M. D., of Birmingham. He said: "If men would do right because it was right, there would be no necessity for a code of medical ethics." He said the code had been adopted by the American Medical Association because men had been admitted to the profession who were not only unwilling to abide by the Golden Rule, but trampled it under their feet and ignored its teachings. It was, therefore, adopted in order to remove these men from fellowship with those who did right, because it was right.

The closing address of the evening was the annual oration, which was delivered by R. M. Cunningham, M. D., of Birmingham. The distinguished gentleman has already acquired a reputation for oratory and wit second to no other speaker in the State, but up to the present time he had not been heard in Mobile. His address covered the entire field of medicine from the days of Egypt to the time of Hippocrates, and from that time the different schools and schisms up to the present, closing with a plea for a rational system of medicine. Although his address required over an hour and a half, there was not one who tired of it. He illumined the dry way of medical history with scintillations of wit, and made many sallies from the subject, never failing to produce a laugh.

The Third Day.

The third day's session of the convention of the Medical Association of Alabama was called to order in Temperance Hall at 10 o'clock Thursday morning, by the President, Dr. R. M. Fletcher, Sr., of Huntsville.

After the transaction of some unimportant miscellaneous business, the reading of volunteer papers was resumed.

The first of these was by Dr. J. D. S. Davis, of Birmingham, whose subject was "The Silver Plate in the Restoration of Bone Continuity." This was discussed by Dr. Brown, of Birmingham.

The next paper was by Dr. Jeff S. Davis, of Montevallo, on "Tincture of Veratrum Viride in the Treatment of Puerperal Eclampsia." The discussion that followed was participated in by Drs. W. H. Johnson, of Birmingham, C. C. Jones, of Birmingham, E. L. Marechal, of Mobile, W. W. Stewart, of Columbus, Ga., Duggar, of Gallion, E. D. McDaniel, of Camden, and Hitt, of Louisville, Ky.

Dr. Willim W. Stewart, of Columbus, Ga., then read a paper on "Nephroptosis; its Causation, Treatment and its Relation to Many Obscure Symptoms in Women."

This was followed by a paper on "Treatment of Stone in the Kidney," by Dr. W. E. B. Davis, of Birmingham, which was discussed by Drs. W. W. Stewart, of Columbus, Ga., W. R. Jackson, of Mobile, and closed by the author, Dr. W. E. B. Davis.

"Report on Two Surgical Cases," was next read by W. R. Jackson, of Mobile. The discussion of this paper was participated in by Drs. J. D. S. Davis, W. E. B. Davis, of Birmingham, and closed by Dr. W. R. Jackson.

Dr. E. P. Riggs, of Birmingham, then read a paper on "Peritonitis."

Upon the conclusion of the reading of Dr. Riggs' paper, discussion thereon was postponed until the night session and the association took a recess until 8 p. m.

At 3 o'clock the members of the association were given a boat ride on the bay on the steamer James A. Carney, complimentary from the Mobile County Medical Society. There was a large number of the members who availed themselves of the opportunity thus afforded of seeing Mobile Bay, and the pleasure resorts on the eastern shore, the boat going to Point Clear and return.

The Evening Session.

The night session opened at 8 o'clock with a discussion of the paper of Dr. Riggs by Drs. W. R. Jackson, of Mobile, and W. E. B. and J. D. S. Davis, of Birmingham, and closed by Dr. Riggs.

This was followed by an illustrated lecture on "Leprosy," by A. W. Hitt, M. D., associate editor of the *Journal of Materia Medica, Terra Haute, Ind.* Dr. Hitt has studied the disease in various countries, and was well prepared to speak upon the subject from a three years' residence in India. By means of a stereopticon he gave illustrations of the two forms of the disease in all their stages, the photographs shown having been made by him, and with the lecture proved of great interest to those present. A map of the world was exhibited upon which the localities where the disease is to be found were marked.

Upon motion of Dr. Sholl, of Birmingham, the thanks of the association were tendered the lecturer.

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The reading of the volunteer papers was resumed by Dr. Chas. A. Mohr, of Mobile, who read a paper on "Lead Poisoning."

After the reading of a paper on "The History of Scarlet Fever and Diphtheria in Birmingham from 1894 to 1895," by Dr. E. H. Sholl, of Birmingham, the association adjourned until Friday morning.

The Fourth Day.

The fourth and last day's session of the twenty-second annual convention of the Medical Association of Alabama was called to order in Temperance Hall at 9:30 o'clock Friday morning. President R. M. Fletcher in the chair.

The first business of the session was the reading of the report of the board of censors, which was done by Dr. Jerome Cochran, of Montgomery. The board recommended the adoption of a constitutional amendment providing for the appointment of a standing committee to recommend to the association counsellors for election. The roll was called and this amendment was unanimously adopted.

The board called attention to the failure of the bill to change the composition of the quarantine board of Mobile bay, to pass the legislature, and stated that another effort would be made at the next session of the legislature. "We have put our hand to the plough, and must not turn back," concludes the report on this subject.

The board asked for and was authorized to secure a written legal opinion from the association's attorney as to the duty of county commissioners to make appropriations for the payment of salaries of county health officers.

The board was also authorized to accept the offer of the superintendent of the Tuscaloosa Insane Hospital for the appointment of an interne to that institution. Dr. Cochran stated that the term is one year, with no salary, but board, lodging and washing, and stated he would receive applications at Montgomery for the next two or three months.

The roll of county societies in three divisions, delinquent, partially delinquent, and not delinquent, was then read. The partially delinquent and not delinquent sections were then passed and the delinquent section was referred to the board of censors for an investigation.

Dr. Cochran urged upon the association the necessity for the prompt collection and remittance of dues. He said he knew of societies whose treasurers had collected the dues but through negligence had failed to forward the same to the treasurer of the association. He cited the fact that there were five delegates in the association who had not paid their dues, but were here voting just the same.

The rolls of counsellors and correspondents were then revised.

The following counsellors were elected to fill vacancies in the college of counsellors: Drs. J. M. Whiteside, of Oxford; W. T. Hamilton, of Talladega; J. C. Swann, of Wedowee; J. A. Howle, of Jordan; T. H. Frazer, of Mobile; R. F. McConnell, of Attalla; H. P. McWhorter, Collinsville; M. M. Murray, New Decatur; L. W. Johnston, Tuskegee; L. W. Desprez, Russellville; R. L. Sutton, Orrville; W. E. B. Davis, Birmingham; Jeff. S. Davis, Montevallo.

The association then proceeded to the election of officers, with the following result:

President—Dr. W. H. Johnson, of Birmingham.

Vice President for the Southern Division—Dr. J. C. Kendrick, of Evergreen.

Censors—Drs. George A. Ketchum, of Mobile, and Charles Whelan, of Birmingham.

Orator—Dr. E. L. Marechal, of Mobile; alternate—Dr. R. S. Hill, of Montgomery.

Drs. Carson and Frazer were appointed to conduct the newly-elected officers to the chair. Dr. Johnson thanked the association for the honor conferred on him, and said that he had been a member of the association for twenty years and had spent some of the happiest moments of his life at its annual meetings, as well as some very miserable moments, when he feared he was going to be called on to respond to some toast or make a speech. He referred in feeling terms to eminent members who had gone before, among them being the beloved physician, Dr. E. P. Gaines, of Mobile. He urged his hearers against internal dissensions, and said that he would try to fill the position to the benefit of the association, and if he made mistakes they must be credited to the head and not the heart.

Dr. George A. Ketchum, censor, was then presented to the president and by him to the association.

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Dr. E. L. Marechal, orator, was likewise presented, and thanked the association for the honor conferred upon him.

Dr. S. A. Carson, of Bessemer, then offered the usual vote of thanks to the Mobile County Medical Society, the faculty of the Medical College of Alabama, the railroads, the press, and the citizens generally for the many hospitalities extended the body.

This was seconded by Dr. E. H. Sholl, of Birmingham, and adopted by a rising vote.

Dr. G. B. Waller invited the association to meet next year at Montgomery, and the invitation was unanimously accepted.

Dr. Jerome Cochran claimed the honor of moving adjournment, and he put the usual motion to adjourn sine die, which was adopted.

The newly-elected President, Dr. W. H. Johnston, of Birmingham, is a native of North Carolina, having been born within twenty miles of Charlotte. He was educated at the University of North Carolina at Chapel Hill, and graduated in medicine from the medical department of the University of New York. He first began the practice of his profession in New York City, and came South in 1871, locating at Selma. He subsequently moved to Birmingham, where he enjoys a fine practice. He has been practicing medicine since 1867 and has been a member of the Medical Association of Alabama for twenty years. He has a wife and four children in Birmingham. Dr. Johnston served throughout the war, being a member of the Hornet's Nest Riflemen, of Mecklenburg County, the first company which went to the war from the Old North State.

Dr. J. C. Kendrick, of Evergreen, the newly-elected vice-president, is a native of Georgia and a graduate of the University of Nashville, class of 1852. He first began the practice of medicine in Warren County, Georgia, but subsequently removed to Alabama, locating at Spring Hill in Barbour County; he afterward removed to Leon, Ala., and was practicing there when the war broke out. He served throughout the four years of the war, was lieutenant-colonel of the Thirty-seventh Alabama Regiment and was wounded at Resaca. After the war Dr. Kendrick returned to Leon and resumed his practice. In 1871 he removed to Greenville, where he still resides. Dr. Kendrick has a wife and five grown sons, J. B., J. A., J. E. and E. L., of Greenville, and W. T. Kendrick, of Montgomery. Four of these sons are physicians and one a dentist. Dr. Kendrick is highly esteemed by the citizens of Greenville, and by his medical brethren throughout the State.

Editorial Department.

❧ TERMS—YEARLY SUBSCRIPTIONS IN ADVANCE \$2.00. ❧

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J. B. S. Holmes, M. D., Atlanta, Ga.

Geo. H. Noble, M. D., Atlanta, Ga.

Medical Association of Alabama.

We publish the full proceedings of the State Medical Association in this issue of the AGE. We are indebted to the local reporters of the Mobile Register for this synopsis.

The session at Mobile was a splendid meeting—not so largely attended as some previous meetings, but the papers read and the discussions were of unusual interest.

The local physicians did much to make the social features of this meeting pleasant, and in this the physicians of Mobile are never excelled by those of any city.

The selection of Dr. W. H. Johnston, of Birmingham, as president was a good one. Dr. Johnston is a good worker, and we predict that the next meeting, which is to be held in the city of Montgomery, will be a decided success.

Dr. J. C. Kendrick, of Evergreen, was elected vice-president for the southern division of the State.

Dr. E. L. Marechal, of Mobile, was elected orator, with R. S. Hill as alternate.

The reports of the vice-presidents show the association work all over the State to be in excellent condition, and if the Alabama Medical Association continues its splendid work in the future as in the past, it will continue to be the ideal State association of this country.

The American Medical Association.

The meeting of this Association in the city of Baltimore on the 7th to 10th of this month was one of great importance to the profession of this country. It was well attended by representative men from most all the States. The meeting in the main was harmonious, and with the exception of a few short speeches on the question of the class of advertisements which should be allowed in the Journal of the Association, there was little which occurred to mar the even tenor of things. This was, however, all agreeably settled and the Association, with its splendid Journal, moves grandly on. The meetings of the sections were highly interesting and profitable. It is worth all the cost and more too to the average practitioner to attend these meetings, and hear the important questions which come up discussed by the best and most experienced men in the profession. In speaking of the objects of the Association, the distinguished Dr. N. S. Davis, of Chicago, in one of his short and earnest speeches said, the objects of the Association were twofold—the advancement of med-

ical science and the promotion of social intercourse. Under the former head it was the duty of every member to give up all he had and all he knew to his brethren in the alleviation of human suffering and the benefit of humanity. This was the great object of the true physician and should be paramount to all others.

Dr. Jerome Cochran, of Alabama, was present through the session, and took a decided interest in the proceedings. He was specially before the Association twice in the discussion of important questions, and as usual with him, was able to clear the way and remove the knotty points with which the Association was confronted, and every time carrying his point after a distinct exposition of his position on the question before the Association. Dr. Cochran is not only an invaluable man in the work of his own State association, but he is highly honored and greatly respected for his splendid ability and service to the American Medical Association.

Among the many men of Alabama, there are none more appreciated than our friend Dr. W. E. B. Davis, of Birmingham. Dr. Davis takes but little interest in anything except the real work of the Association. He gave most of his time to the gynecological and surgical section and visiting the hospital by special invitation to witness important operations. Dr. Davis was re-elected a member of the judicial council.

The following officers were elected for the ensuing year :

President, Dr. R. Beverly Cole, of San Francisco, Cal; first vice-president, Dr. J. J. Chisolm, of Baltimore; second vice-president, Dr. John C. Legrand, of

Alabama ; third vice-president Dr. Augustus B. Clark, of Massachusetts ; fourth vice-president, Dr. T. P. Sutterwhite, of Kentucky ; treasurer, Dr. Henry P. Newman, of Illinois ; secretary, Dr. W. B. Atkinson, of Pennsylvania ; librarian, Dr. G. E. Wise, of Illinois.

Members of the Board of Trustees: Dr. Alonzo Garcelon, of Maine ; Dr. I. N. Love, of Missouri, and Dr. James E. Reeves, of Tennessee.

Members of the Judicial Council : Dr. N. S. Davis, of Illinois ; Dr. H. O. Didama, of New York ; Dr. John Morris, of Maryland ; Dr. W. E. B. Davis, of Alabama ; Dr. George W. Brower, of Chicago, Ill. ; Dr. D. W. Smouse, of Iowa ; Dr. M. B. Ward, of Kansas, for three years each, and Dr. William M. Welch, of Pennsylvania, for one year.

Those selected to deliver the annual addresses at the next meeting are : Address on surgery, Dr. Nicholas Senn, of Illinois ; address on general medicine, Dr. William Osler, of Baltimore ; address on state medicine, Dr. George H. Rohe, of Catonsville, Md.

The next meeting will be held in the city of Atlanta, Ga., May, 1896.

DR. KARL VON RUCK, director of the Winyah Sanitarium, Ashville, N. C., was a visitor to our State Medical Association and took part in the discussions Ashville, and the sanitarium which Dr. Karl von Ruck represents are fast gaining a favorable impression as the best places in the country for the treatment of lung and throat diseases.

Editorial and Miscellaneous Notes.

DR. RIGGS, of Birmingham, is spending a few weeks in the city of New York.

DR. CUNNINGHAM, of Corona, Ala., was at the American Medical Association.

WALTER W. S. CORRY, M. D., L. R. C. S., I. & C., Rosedale Abbey, Pickering, Yorkshire, England, writes: I have used IODIA, and am satisfied that it is a very powerful alterative, and a great improvement on the old combination of iodide of potassium and sarsaparilla, the latter drug itself being most doubtful in its effects, while the preparation is valuable also as a diuretic, a thing of no small consideration in most of the diseases in which it is indicated.

FREE OF CHARGES.—The therapeutical applications of Peroxide of Hydrogen (medicinal), Glycozone and Hydrozone, by Charles Marchand, chemist. Ninth edition. This book of 200 pages, which contains all information on the subject, with reprints of elaborate articles by leading contributors to medical literature, will be mailed to doctors mentioning this publication. Send full address to Chas. Marchand, 28 Prince St. New York.

WE call the especial attention of the readers of the AGE to the advertisement of the Chas. H. Phillips Chemical Co., of New York, on first cover page at the top. It is useless for us to attempt any word of commendation of this splendid house or their excellent preparations. Their preparations can be had at any of the leading drug houses of the country, and to prevent imposition and substitutes physicians should prescribe the Chas. H. Phillips Chemical Co.'s preparations.

Dr. HARRISON, of Talladega, attended the Baltimore meeting of the American Medical Association.

LA GRIPPE WITH SCANTY SECRETION AND RETENTION OF URINE.—Sanmetto acted very satisfactorily in a case of a lady fifty-three years of age suffering from la grippe, accompanied with scanty secretion and retention of urine. Sanmetto was given in doses of two teaspoonfuls every four hours, and within twenty-four hours her urine was passed freely and without pain.

G. M. LISTON, M. D.,

Filley, Mo.

U. S. Exam. Surg.

REPORT OF A CASE OF INFANTILE SCORBUTUS.—(Prof. William C. Hollopeter, in the Medical Bulletin, Philadelphia, Pa., March, 1895)—“The duration of the disease was one year, and this long period was consumed by reason of the irritable condition of the gastrointestinal tract. The slightest change in the diet would provoke a sharp attack of diarrhoea. I placed the child on freshly filtered milk, cream, and boiled water, equal parts, which she failed to digest. I then commenced with peptonized milk, which did well for a short time. Finally I was compelled to resort to equal parts of filtered milk, cream, and boiled water, with the addition of two teaspoonfuls of Mellin's Food to each bottle. This seemed to meet the necessities of the case exactly. Meat-juice 3 j, t. i. d., and a salt bath every day were also ordered. Medicinally, I prescribed 2 grains of the ammoniated citrate of iron in freshly expressed orange juice. This was also too irritating to the bowels, but after reducing the dose so that she might receive 1 grain of the iron and a half drachm of the orange juice twice a day, a marvellously rapid improvement was seen, which soon terminated in complete recovery.”

THE following personal letter (not intended for publication) is much appreciated, and is so clean cut and to the point, that we take the risk to give it space because it is the expression of a true, loyal, and progressive Alabama doctor.—[ED.]

BLOCTON, ALA., May, 1895.

Dr. J. C. Legrand, Anniston, Ala.:

Dear doctor: By accident I saw a copy of your journal, and as well as I remember the subscription price is \$2 per year. I enclose check for \$2 anyway and if there is a balance advise me and I will remit to cover. I want Alabama to have a good medical journal, and good wishes are encouraging, but money is necessary to an ultimate success, so I am willing to contribute both.

Yours truly,

J. U. RAY, Jr., M. D.

EUROPHEN IN CHRONIC URETHRITIS.—In the treatment of catarrhal states of the mucous membrane Europhen meets a number of important indications. It forms an adhesive protective covering over the affected surface, modifies secretions, arresting profuse purulent discharges, and by virtue of its pronounced antiseptic qualities prevents the growth of micro-organisms, and thereby acts against suppuration. These properties have been utilized with much advantage in inflammations of the mucous membranes of the nose and throat and in these affections Europhen has proved a most serviceable addition to the rhino-laryngological materia medica. More recently attention has been directed to the beneficial effects of this remedy in that exceedingly obstinate affection chronic urethritis. No better evidence can be afforded of the difficulty of effecting a cure in these cases than the innumerable remedies recommended from time to time of vegetable and mineral origin, and applied in the most diverse manner. Anything which promises to improve the prognosis of chronic urethral inflammation therefore deserves care-

ful consideration, and for this reason the following remarks by Prof. W. F. Waugh cannot but prove of interest: "When Heallemand discovered hyperesthesia of the prostatic urethra, he applied nitrate of silver to the affected membrane. Thousands of physicians have followed his footsteps, and many more have varied the practice by substituting other irritants. If there is a solitary salt of any unknown metal that has not been recommended for this hyperesthesia, or for the gleet that is frequently its cause, I am mistaken. Many of these I have myself employed; but on looking over my case books I do not find a single case of hyperesthesia that was at all benefited by any irritant. The steel sound has proved of use, though less than its early advocates claimed. The treatment of urethral stricture removes a source of irritation and is always commendable. But when there is no stricture, or other lesion, the hyperesthesia, and the impotence, vesical tenesmus, erethism, or various reflex symptoms proceeding from it, are most certainly relieved by application of Europhen. Mix forty grains of this powder with half an ounce of fluid petrolatum and inject a few drops daily into the prostatic urethra. A week will suffice to work a cure.

REMOVE THE CAUSE.—If your patient is pale, nervous, irritable and losing flesh, he is suffering from malnutrition, "caused by" indigestion and malassimilation; remove the cause by giving two fluid drachms of Seng before each meal.

RUBY'S PILE SUPPOSITORY is guaranteed to cure Piles and Constipation, or money refunded. 50 cents per box. Send two stamps for Circular and Free Sample to MARTIN RUBY, Registered Pharmacist, Lancaster, Pa. No Postals answered. For sale by all first-class Druggists everywhere. Elam Drug Co., Wholesale Agents, Anniston, Ala. *adv.tf*

DR. LOWERY, of Huntsville, spent a day or two at the American Association and went on to New York.

WE are pleased to advise our readers that the firm of H. K. Mulford Company, Philadelphia and Chicago, are now in position to fill orders for a reliable and thoroughly standard article of Diphtheria Antitoxic Serum. Early in November, 1894, the firm of Mulford Company, in order to guarantee their patrons and the medical profession of America a thoroughly reliable Diphtheria Antitoxic Serum, and at the earnest solicitation of many of the leading consultants, established a Biological Department for the production of Antitoxin, and allied products at 3907-9-11 Egglesfield street, Philadelphia, equipped without regard to expense, under direction of Dr. Jos. McFarland, lecturer on bacteriology, medical department of University of Pennsylvania. The horses are under the direct supervision of Dr. Leonard Pearson, professor of theory and practice of veterinary medicine, University of Pennsylvania. The standardizing of their Antitoxin is not only carried out in their own laboratory but is also confirmed by the department of hygiene of University of Pennsylvania, each package being dated and stamped with its strength expressed in immunity units. Messrs. Mulford Company will be pleased to have the medical profession inspect their Biological Laboratory on the first Tuesday of each month from 3:00 to 5:30 p. m., or other times by request, cards being issued from their office on application. Not only is the enterprise of this firm to be commended but the efforts they have made to place this article above a commercial product in having their product tested by disinterested and reliable authorities protects the profession and speaks well for the confidence which the firm has in their preparation.

DR. PAUL PAQUIN'S BLOOD-SERUM FOR CONSUMPTION.—It has been ascertained that an institution is about to be established for the production of serum for the treatment of consumption by Dr. Paquin's method, the production, also, of diphtheria anti-toxine. Since the report made by the doctor before the St. Louis Medical Society a great many demands have been made for serum, and he has been requested to also undertake the production of anti-toxine. The success of sero-therapy seems to be increasing, and from all reports so far it seems unquestionable that this mode of treatment has produced results never before obtained by any method of treatment, or all of them combined. The furor that was created in the medical world when Koch's Tuberculine was produced, was due entirely to the reputation of the scientist, and not to the practical results obtained in actual experimentation. It was only a few cases of lupus that seemed to yield to the action of Tuberculine. General consumption never was arrested in a case by this ingredient, nor was there any case decidedly benefited. The enthusiasm was unjustifiable from a scientific standpoint. In the case of the serum, there are patients still under treatment and still improving to prove its efficacy, to some degree, at least, and there are to-day living in the city, a few cases in the first and second stages of the disease where the bacilli had been found, in whom lesions existed in the lungs, who are in perfect good health, and perhaps entirely cured, so far as may be judged by any form of examination or analysis. It is sincerely hoped that the new establishment will succeed, and that the expectation obtaining for the blood-serum in question will be fully realized.—*Ex.*

Book Notices.

MEDICAL GYNÆCOLOGY. A Treatise on the diseases of women from the Standpoint of the Physician. By Alexander I. C. Skene, M. D., with illustrations. New York: D. Appleton & Co., 1895.

The busy practitioner wants a book on the subject of gynæcology which is not only sufficiently theoretical on this important subject but equally so from a practical point of view. The work before us by Skene is the ideal book, and after a careful reading of this work we take it that we are safe in saying that for a work in this department of medicine this book is the one which every doctor should have in his library. One writer commenting on the work says:

“The author divides his volume into three parts. Part I. deals with the primary differentiation of sex development and growth during early life, and the conditions favorable to the evolution of normal organization and the attainment of a healthy puberty. This involves the discussion of heredity and environment, including care in childhood, mental and physical education and culture, together with the necessary attention during the transition from childhood to womanhood.

“Part II. treats of the characteristics of sex, the adaptation of structure to function, the predisposition to particular diseases, and the cause of certain affections peculiar to women. Then follow the functional and organic diseases common to the period of active functional life of woman which naturally come under the observation and care of the physician.

“Part III. discusses the menopause, or the transition from active functional life toward advancing years, and the diseases of the latter period. The great object in the first part of the work is to consider fully the ways and means of developing vigorous organizations and maintaining healthy functional life. This necessitates attention to hygiene at all periods of life. In dis-

cussing the treatment of disease the author has endeavored to define as clearly as possible the boundary lines between medicine and surgery and their capabilities, so that each be thoroughly understood and intelligently employed. There is a fascination in surgery which often makes it overstep the boundaries of its legitimate work in the performance of the knife when an enlightened therapist would have been infinitely better. Dr. Skene is not only a surgeon whose skill is unquestioned, but a physician so thoroughly versed in hygiene and therapeutics as to be able to point out the use of each and all departments to the best advantage of his patients. The work is well done.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A work of reference for medical practitioners. Editors and Contributors, Prof Gilbert Barling, M.B., F.R.C.S., and thirty-six others. Thirteenth year, 1895. E. B. Treat, New York, \$2.75; pp 648, octavo.

We think we know something of the needs of the busy physician, and hence we commend this splendid work as a convenient, reliable, and practical reference book, which every busy doctor should have on his office table. The physician in the rush of a busy practice is in constant need of a book, giving in a condensed way the information for which he seeks. We have seen no book which more completely answers this purpose than the one before us.

The publisher says: "It has been our endeavor to make this, the thirteenth yearly issue of the 'Annual,' at least equal its predecessors. A glance at the list of contributors, the department they edit and the full index, will, we believe, convince you that the 1895 'Annual' places before the profession a concise, well arranged, practical and helpful volume, giving the advance of medical science in all parts of the world," all of which is borne out by examination. The work has been kept within reasonable limits, so that it forms a volume for handy reference, without sacrificing its completeness.

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LARGE DOSES OF TR. VERATRUM IN THE TREATMENT OF PUERPERAL ECLAMPSIA.

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MONTEVALLO, ALA.

Read before the Medical Association of the State of Alabama, at Mobile
April, 1895.

OF the several grave conditions that may complicate the puerperum there is none in which treatment has been applied with so little success as in puerperal eclampsia.

This fact has naturally stimulated research into the pathology and treatment of this condition, and as a consequence the literature on the subject has been considerably enriched during recent years by valuable contributions from able investigators. The result of these investigations has been to still further confirm the ætiological importance of uræmic intoxication, which is to-day, despite the ingenious argument of Seyfert and Prague, almost universally accepted as the principal ætiological factor in the production of puerperal

eclampsia. While there are occasional cases of a hysterical or purely reflex character they are evidently extremely rare.

Causes other than uræmia are, however, occasionally assigned as the classification of these cases into hysterical, epileptic and apopleptic, is familiar to all, while more recently Porteous, of Edinburg, advances the opinion that there are five distinct forms of puerperal eclampsia: (1) hysterical, (2) epileptic, (3) uræmic, (4) apopleptic, (5) microbic.

Many of these erroneous opinions in regard to the origin of eclampsia evidently arise from the mistaken idea that the albuminuria produces the convulsions, when in truth it is merely an indication of the renal insufficiency. On this subject Prof. Lusk says: "It is the renal insufficiency, it should be fixed in the mind, and not the albuminuria which causes uræmia and convulsions. The mere absence of albuminuria from the urine does not even exclude the existence of Bright's disease."

In this direction it is interesting to note that (a) Dieulafoy, the noted French authority, depends more on the presence of minor symptoms in the diagnosis of Bright's than on albuminuria. In fact albuminuria was only present in one-fourth of the sixty cases under treatment in his ward in the last few years. So the absence of albuminuria in a given case by no means justifies the conclusion that it originated from causes other than uræmia. As a result of a series of bacteriological investigations on the lungs, blood, liver and

(a) Medical Review, November 18, 1893, page 414.

kidneys of women who died of eclampsia, (b) Gerdes in 1892 announced that he had discovered the bacillus of eclampsia. This supposed specific micro-organism when injected into mice, rats, guinea pigs and rabbits produced convulsions, coma and death.

Other able investigators have failed to verify the conclusions of Gerdes, and the weight of evidence remains in favor of uræmic intoxication. (b) Hofmeister experimented with baccilli obtained of Gerdes and declared it to be the common bacterium of putrefaction, while Hægler, Fehling and Doderlein after adequate experimental investigations also reject Gerdes' views.

The present position of the leading men in the profession in this matter is doubtless expressed in an elaborate paper by (b) Duhrssen in which he gives his experience with 200 cases of eclampsia. The chief point brought out in his paper was that puerperal eclampsia in the vast majority of cases is due to blood intoxication. Owing to pressure, nephritis, hydro-nephrosis and other conditions of pregnancy, elimination is interfered with, kreatin and kreatinin are retained in the blood and by exciting certain centres in the cortex of the brain produce convulsion. This uræmia of pregnancy which is thus responsible for so much mischief has been attributed to various causes, but the almost unanimous opinion at present is that mechanical pressure of the gravid uterus on neighboring organs is the most important factor in its production. Thus it has been attributed to pressure on the abdominal aorta and inferior vena cava ; pressure upon the renal veins, upon

(b) *Atlanta Medical and Surgical Journal*, May 1894, page 174.

the ureters, bladder, urethras, etc. *Also to "reflex irritation of the pelvic plexus of the sympathetic system, alterations in the renal circulation due to rythmical contractions of the uterus, increase in the general arterial tension and a hydræmic state of the blood." However, be the cause what it may, it is undoubtedly a result of the condition of pregnancy, and usually disappears with or soon after delivery. While this is certainly the rule, there are occasional cases in which the convulsions persist for sometime after delivery, and Goss, the Georgia Eclectic, reports a case in his practice in which the convulsions continued through life. It is reasonably certain, however, that in such case as this there is a decided hysteric or epileptic element.

In those cases in which the eclamptic seizures occur after labor the system has doubtless accommodated itself to the gradually increasing uræmia and the sudden great change in the relation of certain parts following the termination of labor interferes with this acquired equilibrium, and the nervous centers resent the suddenly increased irritation by a nerve explosion or convulsion.

As the "condition of pregnancy" is generally accepted as the primary cause of eclampsia, naturally the first procedure suggested for its relief would be immediate termination of that condition by artificially emptying the uterus.

While this is the course pursued and commended by many, it is by no means universally endorsed, several able obstetricians condemning all instrumental and manipulative interference, and advise that the convulsions

*Dr. W. P. C. Hazen in *Virginia Medical Monthly*, April 1894, page 24.

be simply held in abeyance by the usual remedies until the natural termination of the labor. Others justify interference in protracted and complicated labors, but trust entirely to nature, where there is no evidence of unusual delay.

Even, however, if the uterus be immediately evacuated, other remedies must be employed to control the convulsions until this can be accomplished and until nature can eliminate the toxins from the blood and re-establish the natural relation between nerve and muscle. As the result of venesection and the indications to be met by treatment in puerperal eclampsia so closely coincide, viz., elimination of the toxins, reduction of the hyperæmia in vital organs and general relaxation of the system, it is not surprising to find blood letting so generally advocated either as the main reliance in treatment or in conjunction with other remedies. Chloroform is also a favorite remedy and is probably used more universally than any other drug unless it be its crystallized sister—chloral—which is also deservedly popular. Just here it may be well to mention that *Deshagese of Orleans reports good results from the hypodermic administration of chloral, and Dr. Jos. Curtis of my county informed me that he had recently treated two cases successfully by this method. On the administration of morphine in puerperal eclampsia the profession is probably about equally divided, though it would appear that the better informed element consider it of questionable utility, and probably actually harmful. A unique method of treatment adopted by †Porak in

*Southern Medical Record, January 1893, page 38.

†Medical Review, May 19, 1894, page 402.

the lying in ward of the Lariboisiere Hospital consists in the hypodermic injection of saline solution for the purpose of mechanically diluting the toxins in the blood, and by favoring their elimination through the kidneys, the secretion of which the injections re-establish or increase. Pilocarpine is also considered a useful remedy in certain cases, and amyl nitrite is, by many, supposed to be an almost infallible remedy.

While much can doubtless be said in favor of these various modes of treatment, the present great mortality with equal certainty argues little for their efficiency. The mortality is seldom placed below 25 per cent., and it is put as high as 50 per cent. by conservative and competent writers. It should be remembered that high as it is the data on which it is based is derived principally from the personal experience of the "masters" and in addition to their superior skill in treatment many of their cases enjoy all the advantages of hospital regime.

In general practice, under conditions less favorable, the mortality is certainly much greater, and will doubtless go above 50 per cent. If Dr. Lusk is correct in his assertion that only one pregnancy in 500 will be complicated with eclampsia, the ordinary practitioner will see but few cases in a life time, and a very high mortality may thus escape unnoticed.

My experience has been that it occurs more frequently than estimated by Dr. Lusk, for in a practice of five years, with less than two hundred labors, I have seen three cases in my own practice and two in consultations.

On the other hand Dr. DuBose, of Columbiana, who

has practiced thirty-five years, recently informed me that he had probably never encountered half dozen cases; and Dr. Williams, of the same place, of probably twenty-five years experience, had seen very few if any more.

Dr. Jos. Curtis, who is referred to above, treated two cases during his first year, and my father who practiced thirty-five years in the counties of Shelby and Bibb, had between twenty-five and thirty cases during his life.

From this it would appear to be more prevalent in certain localities than in others, as the other physicians residing in the same communities in which my father practiced, always had a proportionate number of cases, and my own experience is not considered unusual by my colleagues.

In 1873 my father, Dr. Ralph Davis, acting on a suggestion advanced by the late Dr. J. W. Crawford, of Centreville, commenced the use of veratrum in large doses in the treatment of puerperal eclampsia. In a paper on the subject, published in the *Virginia Medical Monthly*, for April 1894, he gave the results of his twenty years experience with the drug, and a desire to emphasize, if possible, the views therein expressed by eliciting a thorough discussion of the subject by the members of this Association, is the purpose of the present paper.

While the profession is, of course, not altogether unacquainted with the merits of veratrum in the treatment of eclampsia, I think as a rule in those cases in which it has been used, the quantity administered has

fallen considerably short of that amount from which the best results are obtained. The initial dose should seldom be less than twenty-five drops hypodermically and the almost immediate effect of the drug, when thus administered, resulting in the prompt subsidence of the convulsions, is the distinct and peculiarly excellent feature of this method of treatment. When administered in smaller quantities it is at the expense of this special feature. In other words, given in small and repeated doses the effect will ultimately be approximately the same, but when thus administered the effect is no longer characteristic, but similar to that produced by chloral, the bromides, morphia and other anti-spasmodics.

Aside from the natural desire to relieve as soon as possible a malady so distressing to all concerned, there is the more important fact to which *Dührssen directs attention that the chances of recovery diminish with each convulsion, and obviously in choosing a remedy with which to relieve them promptness in action should be of paramount importance.

In comparing the cases reported in journals and societies where often the convulsions continue for days in defiance to the heroic use of all the usual remedies, with those cases in which I have witnessed the effects of the veratrum in promptly relaxing the jerking muscles, subduing the bounding heart, cooling the parched skin by the evaporation of an abundant perspiration, and in substituting natural, refreshing slumber, for the death like coma, by diminishing the flow of toxine-

*Atlanta Medical and Surgical Journal, May 1894, page 175.

loaded blood to the nerve centers; I have wondered why the veratrum treatment so prompt and certain in its effects was not universally adopted by the profession.

Evidently the principal obstacle in the way of its adoption is the fear on the part of the profession of producing the toxic effects of the drug, if administered in such quantities. My father informed me that in every consultation in which he advised the treatment he was required by the attending physician to assume all the responsibility, but the admirable results so quickly obtained, invariably made an enthusiastic supporter of every physician who witnessed the effects of the treatment. My own experience has been similar, and in speaking of the treatment to other physicians I have been greatly surprised to find that almost without exception the idea prevails that so large a dose of veratrum would promptly result fatally to the patient. The fact that it has been administered in nearly fifty cases without a single death is more than sufficient refutation of this erroneous impression; but to still further prove the absurdity of such reasoning it is but necessary to consult the foremost therapeutists of the world.

Prof. Barthelew says, "Notwithstanding the very formidable symptoms produced by large doses, fatal results have been extremely rare. An ounce of the tincture has been swallowed without causing death." And Prof. H. C. Wood says, "Although veratrum is a remedy of great power, capable of producing the most alarming symptoms, yet I believe it to be the safest of all the cardiac depressants; certainly it is far less dan-

gerous than aconite; and he further states that he has several times known a teaspoonful of the fluid extract to be taken, and that Prof. Percy cites recoveries after the ingestion of a tumbler full of the tincture, thirty grains at the resinoid, and after two doses—a tumbler full each—of a syrup representing a pound of the root to the pint.

While these recoveries are attributed in a large measure to the prompt emesis produced a sufficient number of successful cases have been reported in which large quantities of the drug were given under the skin, to demonstrate the absolute safety of this method of administration.

In this connection it is well to remember that one of the most unassailable axioms of therapeutics is, that the very best antidote is the presence of that condition most adverse to the toxic effect of a drug, and for the removal of which, these effects, ordinarily toxic, are employed. Thus great pain will neutralize the effects of a quantity of opium sufficient to kill several persons in normal condition, and enough bromide may be required to reduce a congested nervous system and relieve spasm to kill a well man.

The conditions present in puerperal eclampsia are certainly sufficiently opposite the effects of veratrum to render it safe in any quantity sufficient to overcome those conditions, even admitting that such quantities would ordinarily be toxic, which seems extremely improbable. The proper dose then is that quantity which will most rapidly produce the desired effects and, as stated elsewhere, this quantity will seldom be less than twenty-five drops.

Dr. N. L. Gice, of Meridian, Miss., who has used the remedy in thirteen cases without a death, has made use of smaller doses in his published cases, but in a letter to the writer he says: "Much larger doses may be safely given than those advised by me in the pamphlet."

The advantage of the large dose is the almost immediate cessation of the convulsions following its administration. This point is beautifully illustrated in my own cases:

Case I.—Mrs. H., primipara, 22 years of age. Hard convulsion occurred with termination of first stage; tr. veratrum viride 25 drops given hypodermically; pulse 58 in ten minutes, with abundant perspiration; slept one hour and thirty minutes; labor progressed and in two hours was terminated with instruments. Ten drops of veratrum were given internally on two occasions when pulse went above 60.

Case II.—Mrs. C. W., primipara, 29 years of age. When six months in pregnancy, had attack of convulsions; reached her during seventh convulsion and at once administered *mn. xxv.* Norwood's tr. veratrum under skin. In five minutes, and before this had produced effect, there was another convulsion; examination revealed œdema of lower limbs, albuminuria with indications of albuminous retinitis. No sign of labor at this time; perspired freely, and in twenty minutes after giving the injection the pulse was 60, soft and regular. In four hours, however, there was another convulsion; repeated veratrum as above, and directed five drops internally when pulse was over sixty; saw her in twenty-four hours and found that she had rested

well; directed strict milk diet with jaborandi every four hours, and discontinued the veratrum. Was recalled in six hours; had had two hard convulsions, following severe pain in back, side and abdomen. On examination, found her in first stage of labor; same dose of veratrum under skin, and by giving ten drops internally when pulse indicated it, she was delivered of a six months' foetus in three hours without further trouble.

Case III.—Mrs. E., primipara, age 17; ten hours in labor which was uneventful; forty minutes after delivery had hardest convulsion I ever witnessed, and before I could prepare my syringe she had another equally as hard; administered 30 mn. (syringeful) of tr. veratrum, which was followed by two hours' sleep with no other convulsions; urinalis revealed albumen. None of these cases were seen before labor. In case I. no examination of urine was made until six hours after delivery, at which time there was no evidence of albumen.

Case IV.—(Consultation.) Mrs. H.; 6th pare; 37 years of age. In labor thirty-six hours and had had twenty or more convulsions before I arrived; treatment had been chloroform, chloral and morphia. The attending physician agreed to the administration of fifteen drops Norwood's tr. veratrum hypodermically which was repeated every hour until three doses were given before convulsions were controlled; slept two hours and awoke refreshed; chloroform administered and dead child delivered with instruments.

Case V.—(Consultation.) Mrs. G.; primipara, age

23; had two very hard convulsions just before delivery, but the attending physician, Dr. J. W. Acker, of Montevallo, had administered twenty-five drops of veratrum hypodermically immediately after the first which had controlled the convulsions before my arrival. No examination of the urine in either of the last two cases.

How veratrum acts in controlling puerperal eclampsia is not positively known, but the most rational assumption is that this result is attained through its effect on the circulation.

*Dr. C. M. Page in a paper on Uræmic Convulsions in the *Medical Standard* considers the following conditions of causation: "(1) Disturbance of circulation. (2) Abnormal sensibility in the nerve centers. (3) Vitiating condition of blood." Of these "conditions of causation" evidently the third or vitiated condition of the blood is by far the most important, and it is extremely probable that the two former are really attributable to this last condition. In other words the abnormal sensibility in the nerve centers is produced by the vitiated or uræmic condition of the blood, and the disturbances of circulation are the result of the natural effort on the part of nature to eliminate this irritating substance from the system.

This being the case the convulsions can be controlled by two different methods:

First. By the administration of drugs that obtund or paralyze the nerve centers to the effects of the irri-

*American Medico-Surgical Bulletin, January 1893, page 525.

tating toxines, as exemplified by the action of chloroform, chloral, morphia, and other antispasmodics.

Second. By diminishing the quantity of toxines flowing to the nerve centers. This is accomplished by blood-letting and other arterial depressants, and it is in this way that veratrum so promptly affects the convulsions. As stated elsewhere, venesection, theoretically, is the ideal treatment for puerperal eclampsia, but while it is of undoubted efficacy there are objections that may be advanced against its employment, while with veratrum everything or more may be obtained that venesection will accomplish and there are no valid or sustainable objections to its use.

The results obtained by Howard, of Baltimore, and others, from venesection are splendid indeed, and in certain conditions there is nothing so effective. To quote again from the letter from Dr. Gice: "In the presence of deep coma or other alarming and dangerous symptoms the patient should be freely bled, not specially to unload the blood vessels, but in fact that the system may in this direct manner be relieved of a portion of the deadly urinary ingredients, which are then present in solution in this vital fluid."

This I think is excellent advice, but in ordinary cases, by active doses of veratrum, we bleed the patient into his *own abdominal blood vessels*, thus removing from the general circulation a quantity of this irritating matter, and as the amount going to the nerve centers is still further diminished by the depressing effect on the circulation, (which should be kept under 55) the nerves are soon enabled to reassert their control over muscles, and the convulsion is relieved.

After obtaining control of the convulsions by hypodermic administration, the effect must be maintained by smaller doses (usually five drops) given internally when the pulse goes above 55.

Of course this treatment, like all others, is only capable of holding the convulsions in abeyance until the conditions producing them are removed.

When the attack develops during or immediately before labor, the method described above will enable the attendant to keep the convulsions under control until the natural termination of the labor, although I think it advisable to resort to instruments when they can be used to advantage in shortening the labor. In those cases in which the eclampsia occurs during pregnancy, the condition present in each individual case must determine its subsequent management.

Where no other symptoms of nephritis exist the convulsions should be controlled by the administration of the usual quantity of veratrum, after which it should be given in smaller doses as a prophylactic together with appropriate treatment for the uræmia. In those cases, however, where visual disturbances and violent headaches indicate albuminous retinitis, with other evidence of profound uræmic intoxication, it is best to at once place the woman on the safe side by inducing premature labor. Especially should this course be pursued in those cases in which these conditions develop prior to the sixth month, as procrastination under such circumstances jeopardizes not only the woman's sight but her life as well.

Contrary to what would naturally be expected, vera-

trum, instead of retarding, will expedite labor, and Dr. Crawford informed my father that in an experience of fifty years he never knew a pregnant woman brought under its influence who did not abort. My father after twenty years observation arrived at the same conclusion, and my own limited experience tends to confirm it. It is difficult to reconcile this effect with the physiological action of the drug unless its action on the uterus is similar to that of quinine, the oxyotic action of which, as discovered by the late H. F. Campbell,* is due to a depressing effect on the cerebro-spinal centers.

While the claims made for veratrum as a remedy in the treatment of puerperal eclampsia may appear extravagant, every assertion is easily sustained, and its wonderful record should be sufficient to convince the most skeptical of its value. With no other remedy has such favorable results been obtained—a fact that is at once evidenced by the great contrast between even the lowest recorded mortality of the other methods of treatment with the 100 per cent. of recoveries from veratrum. In a history of more than forty cases there was not a death or a single failure to promptly control the convulsions. The number of recoveries is even greater than this, as Dr. Lucien E. Starr, of Camden, Ala., has had considerable experience with the treatment; and in a card to the writer says: "Your father and I have used the drug in cases that try men's souls, and with perfect success." He was too unwell to furnish me with a history of his own cases, but had always obtained prompt and splendid results from its use.

(*) *Atlanta Medical and Surgical Journal*, Feb. '95, page 715.

Dr. J. W. Crawford, of Centreville, also used the drug in a number of cases without a single death, but as he left no record of his cases it is impossible to give the exact number. In a letter to my father shortly before his death, he said: "The oftener I use our treatment for puerperal eclampsia the firmer becomes my belief that many lives are yearly lost that could be saved by its use."

So the cases of Drs. Crawford and Starr are not included in the above forty-three, which consist of the twenty-five cases treated by my father; thirteen cases treated by Dr. Gice, of Meridian, Miss.; one by Dr. J. W. Acker, of Montevallo; one by Dr. H. T. Caffey, of Calera; and three of my own.

While the attention given the veratrum treatment has by no means been commensurate with its great utility, its virtues by some have been recognized and acknowledged. Dr. Sullivan, of San Francisco, considers it an invaluable remedy and recommends it in half-drachm doses every fifteen minutes, until vomiting or nausea ensues. Barker also recommends the treatment very highly in his "Puerperal Disease," and Prof. Barthelow says: "Increasing experience adds to the testimony regarding its exceptional value in the relief of this formidable malady."

Dr. J. H. Gunn, of Calera, was called to a severe case of puerperal eclampsia several years since, and not having the veratrum with him substituted tr. aconite, ten drops of which given hypodermically relieved the attack at once. This I think is corroborative of the opinion that the veratrum controls the con-

vulsions by depressing the circulation, although it evidently possesses ordinary antispasmodic properties to some extent, as it was for years used successfully by my father in the treatment of nearly every kind of convulsion, and in delirium tremens it is almost a specific, fifteen drops under the skin quieting a raging patient after all else has failed.

In a series of experiments on the dog there was no apparent effect on strychnine convulsions. A quantity of the "materis morbi" is evidently eliminated through the skin when veratrum is used, as a profuse perspiration has been one of the first effects observed in my cases. This also aids in lowering the blood pressure and in relaxing the system.

As stated elsewhere the pulse rate must be the guide by which the veratrum is administered, and to again quote Dr. Gice: "I have not found it necessary to induce an impression greater than was required to reduce the pulse rate to fifty. I advocate in all cases the hypodermic use of the remedy, and I insist that it be thus administered until the danger line is securely passed, after which it may be continued by the stomach." Dr. Gice thinks he is probably the first to advocate the hypodermic use of the drug and in this he is doubtless correct, as I am not aware of the date on which my father adopted this method of administration, but I think that he and Dr. Crawford were the first to use veratrum as a remedy in puerperal eclampsia. Where nausea and depression result from its use morphine and strychnine under the skin will promptly put things right, but I have never had occasion to resort to their use. The pro-

phylactic treatment of puerperal eclampsia, the most important of all, can not be considered in the present paper.

PROTONUCLEIN AS A PHYSIOLOGICAL PRINCIPLE AND A THERAPEUTIC AGENT.

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NEW YORK.

IF any careful observer will remark the trend of modern medical methods, he will find that the philosophy of medicine is changing entirely its *organon* of development. He will see throughout all the vast labyrinth of literature a thread of physiology running, which enables the searcher after truth to follow the discoverer in his onward march through the hitherto unexplored regions of medical science. Nearly every new system of treatment as applied to old and well known diseases seems to be founded upon either one of two propositions :

1. The physiological effect of a remedy.
2. The physiological origin of the remedy.

It is with the latter system that we have to do in establishing the principles of this paper, while we also believe the former will at the last present itself as a natural corollary of the other when established.

The presence of nuclein in the organism has long been known to physiologists and since the late developments which have been made concerning its wonderful therapeutic power it is very strange that it has been so long overlooked by investigators, especially as it has

always been found present in the lymphoid structures of the body, which physiologists, with scarcely an exception, regard as the *skeleton of function*, as it were—where the beginnings of life are observed to take place.

But it was the study of that wonderful vital unit of the animal organism, the white blood corpuscle—the leucocyte (with which name it has been dignified since the discovery of its importance)—that first drew the attention of practical physiologists to nuclein in its various forms. Just so soon as it was discovered that the leucocyte was identical with the lymph and other structural cells of the body, and that even the pus cell itself, the product of retrograde metamorphosis, was neither more nor less than the unaltered white blood corpuscle removed from its normal surroundings—it became clear that this leucocyte must sustain some very important relation to metabolism, or the structure forming process of nutrition. The microscope, to which nearly all of the great advances in physiology are due, demonstrated that these leucocytes were in every sense perfect cells composed of cell-wall, blastema, nucleus and nucleolus. Many of them were multi or polynuclear, and besides these morphological characters they were seen to possess a movement peculiar to themselves, seemingly acting as if endowed with an autonomy or principle of independent self-action, resembling the amœba—the lowest form of protozoic life. By this it appeared to be able to change its form at will, elongating as it floated in the current, hugging the walls of the blood vessels, even penetrating through the walls at the first opportunity (gener-

ally at the flexions of the joints), and getting out in the surrounding tissues where it rioted upon the material prepared for the nutrition of these tissues. Its power thus to live outside of its normal environment, to take away the nutrition belonging to the several structures of the body, led physiologists at once to suspect and afterwards to prove, that while outside of the vessels it was an agent of destruction, within them it was the real agent of the arrangement and distribution of the materials of nutrition to the various tissue cells of the body. It was found that when the proteids formed by the digestive process were delivered to the blood, they were at once taken up by the leucocytes and mingling with its blastema under the molecular influence of the nucleus and nucleolus were converted into a perfectly assimilable material which, upon closer investigation, was found to be true *nuclein*. This substance being carried to every tissue of the organism was appropriated by the individual tissue cell, and in this way nutrition was established. After being taken up by these tissue cells, the change wrought in it was that necessary for the conversion into structure of whatever elements were needed for that particular structure—the rest being returned to the current by osmotic action. Thus by one unbroken chain of reasoning, which was followed up by demonstration, the true metabolic function of nuclein was established. And now came the discovery that from these original lymphoid structures it was possible to extract this nuclein after it had been operated on by the individual tissue cell, and to preserve its cellular

activity and its power to re-enter the blood current of another animal, and cause the leucocytes to swell up and burst, each nucleus becoming a perfect new cell, and each nucleolus a nucleus, so that when there were many of these multinuclear leucocytes the proliferation was very great.

Now it was until a very recent date in the history of physiology, supposed that leucocytosis or a rapid increase of leucocytes, was distinctively a pathological condition. Later investigation shows that whenever there is the slightest irritation, there is at once a rapid rush of leucocytes, and instead of being a condition of disease, they were shown to be the elements of repair, carrying at the call of nature material necessary to repair a lesion or support a weakening structure of the body. And in addition to these tissue-building properties, they were observed also to have the power of investing toxic germs with an envelope of nuclein which rendered these poisonous germs inert, and in this way protected the organism from the constant toxic influences to which man is every moment of his life exposed. In this way it was shown that nuclein was the normal antitoxic principle as well as the tissue-builder of the organism.

Is it then any wonder that marvelous therapeutic effects were looked for and experienced in applying this agent to pathological conditions?

Indeed the wonder now is that we can at all limit the therapeutic range of such agents when applied to such conditions.

Three forms of nuclein have been prepared for therapeutic use :

1. Nuclein from yeast. This of course is not the exact form in which it exists in the animal organism.

2. Nuclein prepared by chemical methods. This form is taken from the animal, but it is difficult to see how such delicate cellular matter can be preserved when passing through chemical changes so complex.

3. The third and latest preparation is called *Protonuclein*, because it represents all the nucleins of the several tissues from which it is possible to obtain them and in their exact primal condition. Protonuclein is extracted from the brain (region about the corpora quadrigemina) thyroid and thymus glands, pancreas, spleen, liver, gastric, intestinal, and salivary glands. It is prepared in this form by a purely physical process, no chemicals, not even alcohol being used. In this way of course a great many free leucocytes are obtained along with it. Instantaneous microphotographs—half a second—show beautifully the action of protonuclein upon the leucocytes.

Dr. R. L. Watkins, of New York, who has made some wonderful blood exhibits, has prepared some very excellent microphotographs, which I hope soon to be able to offer to the profession through the journals.

At the late meeting of the American Medical Association the negatives were thrown upon a screen by the calcium light—even the phagocytic action being clearly demonstrated. In the hospitals of New York protonuclein has been used with most pronounced success, especially in carcinoma and tuberculosis, while in these

and very many other diseases we have reports from all over the country of the wonderful therapeutic power possessed by this remarkable physiological remedy. The limits of this paper do not admit of an exhaustive discussion of this subject which is so vast in extent of physiological and therapeutic range, but I hope from time to time to add to what has been here said, detailed reports of its action in various pathological conditions. Its effect has been thoroughly established in abscess, anemia, Bright's disease, carcinoma, cystitis, colds, diphtheria, La grippe, malaria, marasmus, neurasthenia, pneumonia, sarcoma, tonsilitis, tuberculosis, and ulcers. It is indicated in all cachectic disorders, and has been shown to be a reliable preventive, or prophylactic in contagious and infectious diseases. It may be used locally by dusting a diseased surface with the powder, by hypodermic injection or internally in the form of tablets.

In conclusion I shall be extremely grateful to those of my professional brethren who would favor me with a report of their experience, favorable or unfavorable, not for publication, but for statistical use in determining the exact therapeutic place of this physiological agent.

New York City, No. 42, E. Ninth street.

Selected Articles.

RATIONAL THERAPEUTICS OF CHOLERA INFANTUM.

BY GUSTAVUS BLECH, M. D., ST. LOUIS.

No strict rules can be given for the treatment of disease. It is for this reason that so many physicians say we do not treat a disease, but we treat an individual. True enough, we treat the individual, but what we have most of all to consider is the disease. The individual will dictate us alterations and modifications in our treatment.

A general plan of treatment may be outlined, however, and I will try to do so in regard to one of the most fatal diseases of babyhood—cholera infantum. There is a certain philosophy in therapeutics which I would frame in the three following rules: First, remove if possible the disturbing causes; second, treat symptoms which *per se* are liable to endanger the life of the patient; and third, sustain vitality.

As said before, the therapeutics, which is based upon the ætiology and pathology of a given case is the only one to be employed.

Now, the ætiology of cholera infantum is not so obscure as asserted by a good many authors. Whether or not of microbic origin, one thing is sure—it is due to a chemical decomposition of food, causing an inflammatory condition of the digestive and alimentary canal.

Clinical experience, furthermore, shows that this disease is of a grave character, producing death in a large proportion. Heat *per se* is not the immediate cause of this disease, but it influences its course considerably.

Therefore, gastric or intestinal disturbances in summer demand a closer attention than those which occur during the colder season. Cholera infantum is a disease met even in the palaces of the rich, although not so often as in the tenement houses of the poor, which fact proves again that bad air, filth and lack of ventilation are also of a predisposing influence, as well as an obstacle to a quick cure. The mortality in the tenement houses is larger than that of the richer parts.

If we consider the aforesaid, we shall first of all, as regards the treatment of this disease, have to restrict diet.

As soon as called to a case of cholera infantum, prohibit for the first day any food whatever. Mothers have no right to nurse the little patient either. Strict instructions must be given in that direction, because the timid mothers are often inclined to quiet the crying babies by putting them to the breast.

Remedies are of very little value. Beginning with calomel, salol, and all the newer antiseptics, finishing with subnitrate of bismuth—they have all proved a failure, for none of them work quickly enough.

The treatment as outlined by Dr. Elmer Lee, of Chicago, in his cases of typhoid fever, proved a success in my hands during last summer, and under this treatment I have lost only one patient out of twenty-three, while the monuments of my skill exercised during the year 1893 are decorating the cemeteries of the State of Connecticut.

So far as I knew, the best antiseptic (which has also a strong tendency to reduce local inflammation) was

peroxide of hydrogen (medicinal) until hydrozone was used by me. Hydrozone being twice as strong as Marchand's peroxide of hydrogen (for economical reasons), the latter drug is preferred by me. This remedy can be administered internally as well as externally.

I add a tablespoonful of hydrozone to a pint of water for washing out the stomach. The vomiting ceases after the first washing, as a rule. If necessary, this procedure can be repeated. If the vital power of the little patient is not too low, it can produce no harm. But in every case, no matter how far advanced, I do not omit an irrigation of the bowels, for which purpose I use a soft rubber catheter attached to a common bulb syringe. The catheter is introduced as high in the colon as possible. It is unnecessary to say that the water must first be sterilized. I do not agree with Dr. Lee in using hot soap water. On the contrary, I use cold water, and add to each quart about two ounces of hydrozone. The improvement after the first or second irrigation is marked. If necessary, these irrigations can be repeated every two hours.

Among other remedies there are only two to be employed, morphine and strychnine. Both ought to be administered hypodermically. Their indication is too well known, and they are about all we need. No antipyretics should be given. If the fever is very high, and if the irrigation of the bowels does not reduce it, the whole body should be washed with alcohol.

The diet for the next twenty-four hours should be very light indeed. Sweet, strong Russian tea is all I allow.

Each individual case will teach us when food can be allowed again.

Since the adoption of this mode of treatment I have met with the most remarkable success, and no honest practitioner should refuse it a trial.—*New York Medical Journal*.

AN interesting freak of nature has lately occurred in New York. Two children were born to the wife of J. Kœhler, of No. 342 East Forty-second street, in that city, on Monday, April 15, 1895, that are attracting considerable attention in professional as well as non-professional circles. They are both girls, and are attached to one another at the lower part of the spinal column and upper part of the pelvis. It is believed that the sacrum and coccyx are identical in both bodies. A singular feature of this case is, that the children, though joined at the back, are able to face to the front, owing to the elasticity of the structures at the point of union. They each have complete sexual organs, and extremities that are separate and distinct. The father is thirty-five years old, and the mother thirty. Both are reported to be healthy. At last accounts the twin babies and their mother are doing well. Not since the wonderful Siamese twins, who grew into advanced life, both married and had children, has such a phenomenon been recorded as this one of the Kœhler babies.—*Buffalo Med. Jour.*, May, 1895.

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The Medical Profession and Who Should Enter It.

In an excellent paper by Charles H. Merz, A. M., M. D., of Sandusky, Ohio, and published in *The North American Medical Review*, the doctor concludes his paper with some valuable suggestions, which we take the liberty to reproduce. He says:

“The life of the successful, skillful physician is a gratifying one to him who loves his profession, and certainly no other should enter it. It is the noblest and most useful of professions. From birth to the grave, the doctor watches over his fellow-beings, prolongs their existence, relieves their pain, and in his skill and consciousness he finds his reward. To be successful, there must be desires for usefulness, purposes of industry, investigation, and reformation. All his training and self-education should center in the one higher study—the study of mankind in all his environments. He must needs teach the laws of heredity, of which the average

man knows as little as is possible for him to know. He must forewarn parents, and teach them how to foster the elements of refinement, patience, cleanliness and industry in the child. He must keenly realize and point out that inter-dependence of mind and body that is too often overlooked. His treatment cannot be physical, irrespective of mental. Mind is not an entity. He must study mental indigestion, as well as physical. Let him consult with parents regarding the child's education—no one can know better its peculiarities, its life's history, and heredity tendencies. That weak point, transmitted as certainly as its features, must be anticipated, and treated as vigorously as an infectious disease. To overlook this one point is to 'drive every screw but the loose one.' The conscientious physician is the one to lift to a higher level public conceptions of life, death and disease. To fulfill this noble mission of chief adviser—controlling the relations of human life to the outer world, an exhaustive knowledge of all the surroundings of man is absolutely essential when man rises by means of modern instruction of his momentous cognition of his power over his own destiny and that of his offspring, life for the masses will truly begin to be full of promise. The man who is to be successful in his chosen study of medicine must learn to study the body through the mind, and not *vice versa*. He must labor to show that the state can only be strengthened through the regulation of marriage, and that by this means alone can crime be done away with and society elevated. The theologian, the statesman and the educator, each has his field of usefulness; but the medical man, in earnest desire to serve

his fellow-men, can do more than all. His labors need not, do not, conflict with religion, but go hand in hand with it, in perfecting and ennobling all mankind. It is a wide field—one demanding the most diversified powers of the human understanding. Every human face is a book, which the physician must read. He must cultivate a power of analysis, of rapid deductions and of unerring conclusions. The day is fast approaching, when he who studies medicine must deal with the criminal class, because he is the best fitted so to do. Scientific training is to give him a deeper hold upon human nature. If he be a religious man, his influence will be far greater. Let it be borne in mind that a 'great man is a great affinity.' The more learned, the more sympathetic; the keener in physical and mental diagnosis we are, the more we shall be in demand, the more we shall be honored, and the more will religion, truth, honor, purity of morals, and physical perfection be advanced. Retrospection does not concern the physician of to-day; his concern should be with the future, and no line of study has a more humane aspect, and none promises a more brilliant future than does *preventive medicine*. There is no doubt but that the profession of medicine is overcrowded. Medical colleges and doctors there are ann will be until the end of time, and the outpour of graduates increases annually, until it would seem that the ratio is far too great. In view of this fact, the man who enters the profession to-day must expect his success to be influenced by the same rules which govern all other means of gaining an income. The doctor must gain a livelihood from his profession, and he must, in cities, main-

tain a well-to-do appearance, assumed though it be. People love to carry coals to Newcastle : strange it may seem, the more one has or appears to have, the more will people be willing to give him. He must be prepared to look at matters in a business manner. Let him establish his office in a locality most convenient for his practice, and furnish it in keeping with his surroundings. Let him put his living expenses upon a scale within his professional charges. No one style of living will apply to all physicians, more reasonably than to all the rest of mankind. To the disappointments that may, and probably will come in early practice, the burden of debt will certainly be added if this point is not carefully considered.

“In fact, the young man who would not be ‘driven to the wall,’ must ponder over all these points and give them due consideration, lest, in the end, he will find himself ‘one who should not have entered the medical profession.’”

Medical Colleges.

The American Medical College Association, at its recent meeting in Baltimore, settled the question so far as the time required for graduation is concerned, and a medical college, to be eligible to membership in this association, must require a four years' course. That many good and influential medical schools refused to go into this association on the four years' requirement seems evident from the amount of opposition which is being brought out.

There has been a relentless war, during the last eight or ten years, made on the medical colleges for turning out so many incompetent doctors; and for a few years

past it is very clear that the medical journals, medical societies and associations, have agreed that the two years' course was not sufficient time for a medical student to acquire a medical education. Being convinced of the necessity of a longer term, the medical colleges with great unanimity extended the time to three years. No sooner was this requirement adopted and put into effect, than another movement was made by the American Medical College Association for a four years' course, which, as above stated, has been adopted by the association.

On the merits of the question, as we see it, the arbitrary adoption of the four years' course by the American Medical College Association, to take effect at once, does an injustice to many good medical schools, and works a very great hardship to a class of worthy students; and hence we insist that at least three (3) or four (4) years' time should have been given before the resolution should go into effect.

But Alabama, with her splendid association, made up as it is of the very best men in the State, which has done so much to advance the interest of the profession in this State and section, will not be hesitating on this question. If the four years' requirement is a necessity; if it is an unselfish, patriotic position taken in the interest of the great medical profession of this country, with an eye single to the elevation and advancement of the profession, then the profession in Alabama will be found with and supporting the advance movement.

American Medical Publishers.

This Association held its second annual meeting at the Eutuaw House, Baltimore, Md., on the 6th and 7th of May, with the following in attendance: Dr. J. C. Culbertson, Cincinnati, Ohio; Miss Dora Jones, St.

Louis, Mo.; Dr. John C. LeGrand, Anniston, Ala.; Dr. C. F. Taylor, William B. Saunders, Philadelphia, Pa.; Miss Hackedorn, Toledo, Ohio; Dr. F. E. Stewart, Detroit, Mich.; J. MacDonald, Jr., Irving J. Benjamin, Dr. Ferdinand King, Dr. H. P. Fairchild, New York City; Dr. R. W. Lowe, Bridgeport, Conn.; Dr. W. C. Wile, Danbury, Conn.; Dr. H. M. Simmons, Dr. William B. Canfield, Baltimore, Md.; H. A. Mathie, Dr. A. H. Ohman-Dumesnil, Dr. I. N. Love, St. Louis, Mo.; Dr. Landon B. Edwards, Richmond, Va.; Dr. Hudson, Austin, Texas; Dr. William F. Bartlett, Philadelphia, Pa.; Dr. T. D. Crothers, Hartford, Conn.; Dr. Gilbert I. Cullen, Cincinnati, Ohio; Dr. Henry S. Upson, Cleveland, Ohio; Dr. E. E. Holt, Portland, Maine; J. M. Grosvenor, Jr., Boston, Mass.; Charles Wood Fassett, St. Joseph, Mo.

Nineteen new members were admitted, and questions of the day affecting medical publishers were profitably discussed.

Beginning with July 1st, a monthly bulletin will be issued for the benefit of members of the Association. It is to be edited by Drs. P. H. Fairchild, J. MacDonald, Jr., and Ferdinand King, New York City; Dr. J. C. LeGrand, of Anniston, Ala., and Charles Wood Fassett, of St. Joseph, Mo.

The secretary was authorized to issue, in pocket form, a revised list of medical advertisers.

Upon invitation, the Association banqueted with the Medical Editors on Monday evening.

The officers re-elected were as follows: President, Dr. Landon B. Edwards, of Richmond, Va.; Vice President, Dr. H. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., New York City; Secretary, Charles Wood Fassett, St. Joseph, Mo. Dr. J. C. LeGrand and Irving J. Benjamin were elected on the executive board.

Selections.

Physical Signs of Virginity.—The doctrine has come down to us from venerable antiquity that the hymen is the sign of virginity ; its laceration the proof of defloration ; its presence or absence the test of the virtue of an unmarried woman. In the ancient words of the Hebrew Scriptures : “And the damsel’s father shall say unto the elders, I gave my daughter unto this man to wife, and he hateth her ; and, lo, he hath given occasions of speech against her, saying, I found not thy daughter a maid ; and yet these are the tokens of my daughter’s virginity ; and they shall spread the cloth before the elders of the city.”

Now, it is undoubtedly true that in most women there is a hymen ; that in the first complete intercourse the hymen is usually torn ; that in most women accustomed to sexual intercourse it can easily be seen that the hymen has been torn. But do these statements apply to all women ?

In the first place the toughness of the hymen and the size of its orifice vary very much in different women. In some the orifice is so large and the hymen so distensible that intercourse can be completed without laceration ; in other women, partly because the hymen is tough, partly also from some defect on the opposite side, it happens that after months or years of married life the hymen is not torn, but simply pressed backward, so that it comes to be funnel-shaped, with its apex inward, and the fossa navicularis becomes lengthened ; this may happen without suspicion on either side that

intercourse has not been complete. On the other hand, the absence of the hymen or the large size of its orifice does not prove unchastity. Further, scarcely a volume of the yearly indices to medical literature which are published can be referred to without finding a case or cases in which delivery of a child was obstructed by what is often incorrectly described as "imperforate" hymen. The presence of a hymen showing no sign of laceration therefore neither proves chastity nor negatives the possibility of pregnancy.

When we are asked what are the evidences of virginity, the question arises, what is meant by a "virgin?" When a prisoner is accused of rape, which is defined as "the carnal knowledge of a woman against her will," it is necessary, in order that the prisoner may be convicted of this crime, that it should be proved that penetration was effected. But for this purpose mere vulver penetration is sufficient, and the fact of a persisting hymen would not necessarily be accepted as an answer to the charge. Now if a virgin, in a legal sense, was one who had never had complete sexual intercourse, it would sometimes be possible, from physical examination, to assert virginity. If the hymen is in its natural position, not displaced backward, and its orifice is small, showing no trace of having been torn, it is possible to say that complete sexual intercourse has never taken place. But the proportion of virgins is small in whom the hymen is so well formed and its orifice so small as to warrant a dogmatic statement on this point.

But is this the legal meaning of the term "virgin?" According to the dictionary, a "virgin" is "a woman

who has had no carnal knowledge of man." The meaning is often made more definite by the use of the words *virgo intacta*, untouched virgin. It is quite possible for a woman to have been guilty of sexual immorality, to have acquired venereal diseases in the usual way, and to have become pregnant, without sexual intercourse having been complete, and without the virginal condition of the hymen having been destroyed. There is, then, no one physical sign from which a medical man can assert of any woman that she is *virgo intacta*, an untouched virgin.

Bearing these facts in mind, it is clearly of the greatest importance that medical witnesses should exercise much caution in giving evidence in cases where the chastity of a woman is called in doubt. The presence or absence of a hymen is a mere matter of fact, but whether the law cares to admit it or not, juries certainly accept the evidence of experts as expressing not only a fact but an opinion upon it. Although, then, it remains true that in a small number, comparatively a very small number of cases, the signs of verginity may persist after carnal intercourse, and although it may be impossible by any one sign or fixed criterion to say that a woman is a *virgo intacta*, still it is often possible for a medical man, taking all the circumstances into consideration, to form an opinion which may be very useful to a jury in arriving at a verdict. It is not merely a question of hymen, but of its completeness, its position, its thinness, and its apparent lacerability under the asserted conditions, and also it is to some extent a question of these conditions. A persistence of hymen which

would be no disproof of rape by an old or feeble man, might, in the mature judgment of an experienced surgeon, be quite incompatible with sexual intercourse with consent. It would, however, be far better were medical witnesses to be appointed either by the judge or by consent of both parties, so as to do away with even the appearance of a conflict between them. This, however, we fear is at present but a counsel of perfection.—*British Medical Journal*.

Chloral in Labor.—The use of chloral in the early stages of labor is undoubtedly gaining favor in this country. We understand that it is largely used in England. Dr. Gardner has recently written strongly in its favor in the *Lancet*; he believes that it has a marked power in assisting dilatation of a rigid cervix, and had never seen post-partum hæmorrhage following its use. Playfair has long been an advocate of the drug for this purpose; in the last edition of his work on obstetrics he is even more positive in his statements than in his former editions. Those who have had much experience will, we think, agree in this opinion. Playfair expresses the belief that chloral is destined to be more extensively used in this capacity; in the eighth edition of his work he says that, so far as his experience has gone, he has not met with any symptoms which have led him to thinking that it has produced bad results.

The point of especial value in favor of chloral is that it may be administered when chloroform can not be. To many mothers the most distressing part of the labor is the early stage, when the pains are nagging and ineffectual. Especially among nervous women of the upper classes, these pains are sometimes almost intolerably severe while the labor progresses but little. After

the use of chloral we have frequently seen a despondent and anxious patient regain her courage and pass through the ordeal with comparative ease. Besides relieving the irregular and nagging pains of this stage, chloral, we believe, materially aids in dilatation of a thin and rigid cervix. Playfair believes that nothing else answers so well in case of rigid and undilatable cervix.

The amount of chloral administered must vary with the case and conditions. Fifteen grains may be given at first, and this dose repeated in half an hour, and again if necessary after one or two hours. If the stomach is irritable and will not retain the chloral, rectal injections may be resorted to. [In double the quantity given by the stomach.—ED.] It seems, in fact, to be even more effective when thus administered. Thirty grains are usually sufficient to produce a somnolent condition in which the pains become less frequent but stronger, and nervous excitement is calmed. The patient frequently drops into a light sleep between the pains, but rouses as soon as they recur.

The use of chloral does not in any way interfere with the use of chloroform. The use of chloroform, however, is not required so early, and the amount exhibited, can as a rule, be much diminished. We are convinced that too free use of chloroform retards the pains, and that the tendency to post-partum hæmorrhage is somewhat increased thereby.

The time is long since passed when arguments were required to establish the propriety of administering anæsthetics during the course of labor. It is the duty of the physician not only to cure disease, but to relieve pain and suffering. The physician who neglects to relieve suffering when he can do so without detriment to his patient, is seriously remiss in his duty.—*Gaillard's Medical Journal and Southern Practitioner.*

The Anæmia of Young Women.—(By Thos. Hunt Stucky, M. D., Ph. D., Professor of Theory and Practice and Clinical Medicine, Hospital College of Medicine. Extract from clinical lecture delivered at Hospital College of Medicine, Louisville :)

In the treatment of anæmia or chlorosis, when occurring in young girls, one of the conditions causing the greatest alarm to the mother, besides the bloodless appearance, general lassitude and careworn expression, is the cessation of menstruation or amenorrhœa. The majority of our text books teach us that the agent "par excellence in this condition is iron or some of its compounds or combinations. To this view I desire to enter a strong protest. While it is true an hæmotinic is indicated, it is also true that an agent, easily assimilated, which iron is not, must be given. Would it be wise to give a blood maker, unless the conditions for making blood were present? Would the farmer sow his wheat unless the soil was prepared for its reception? Let us see what the existing conditions are: Primarily the first change taking place is the entering into young womanhood; girlhood is left behind; our patient is being prepared to assume the graver duties of life—maternity. The entire nervous system, when our patient is unable to withstand the strain produced by this change, is impressed. The earliest impression being made upon the generative system—the ovaries, fallopian tubes and uterus—the spinal system being affected secondarily, thus giving rise to the long chain of symptoms previously mentioned. Now, does it *not* appear to be common sense or practical treatment to

apply our therapy to the very source or fountain head of the trouble? In the list of drugs applicable to conditions of this kind, *materia medica* gives many. All the alteratives, in tonic doses, may be of service, but are slow of action. Prickly ash, *xanthoxylum Americanæ* has been recommended, but is irritating. The chalybeates increase one condition already existing, viz.: constipation. Strychnia nitrate is in many cases, of great service, and should be given in full doses—say $\frac{1}{100}$ to $\frac{1}{50}$ gr. every four hours. This frequent repetition is an objection, in that our patients become tired and forget the time of taking. In these clinics, and in private practice, I have obtained the best results from ponca compound, each tablet composed of ext. of ponca, grs. iii; ext. *mitchella repens*, gr. i; *caulophyllin*, gr. $\frac{1}{4}$; *helonin*, gr. $\frac{1}{8}$; *viburnin*, gr. $\frac{1}{8}$; furnishing a series of uterine tonics and stimulants. Being bitter tonics, they act as stomachics; being stomachics, they stimulate gastric secretions; by the stimulation of these secretions they increase the intestinal secretions; such increase stimulating peristalsis, thus overcoming the constipation and finally spending their forces, by stimulating the generative organs. In this combination we have a stomachic, intestinal, generative and spinal stimulant. Where the purgative action is not sufficient, a granule of aloin, belladonna and strychnia may be given night and morning. To secure the best results, it is necessary to continue this agent for weeks. My method being one tablet, three times a day after eating, until within four days of the expected menstruation, then one tablet every four hours should be given.

Post Graduate Instruction.—Excellent opportunities are now offered the medical man for revising his knowledge by the post graduate schools, which are doing much to raise the medical standard. The true work of these schools is not restricted to the simple imparting of medical facts. The physician who attends them makes a grave mistake if he measures the results of his work by the number of isolated facts and prescriptions he has collected in his note book. Contact with active workers in the fore-front of the profession ought to stimulate and broaden him. We expect a revised edition of a book to contain more than a few additional facts. Proper revision requires the re-writing of many chapters to conform with the author's broadened experience and enlarged views. So the revision which the doctor undertakes to make of himself when he enters a post-graduate school, should be something more than the addition of a few facts. He should leave the school with his horizon widened, with broader and more liberal views, and with increased regard and respect for his profession.

One of the chief advantages of study in post graduate schools is that the various instructors are specialists competent to speak authoratively upon their respective subjects. They are versed in the last discoveries and in the most recent and modern ideas, and are able to present in a short time the present status of a subject, which it would take long periods of time to acquire by reading.

There is a tendency among students in these schools to seek largely for treatment and prescriptions and to

spend much of their time in going about to see remarkable and difficult operations which they will never attempt to perform. It will prove of vastly more value to them when they return to practice if they have learned to make the diagnosis of pneumonia or empyema or salpingitis, than to have seen a score of laparotomies. One clinic which presents to a man the present status of our knowledge of malarial infection through plasmodia will prove of vastly more help to him a few months later than the same time spent in viewing some rare specialist's operation. We do not mean to say that a man ought not to see one or two laparotomies or hip joint amputations. We simply object to his spending too large a share of his time in that way. A man should go to a post graduate school as he would go to those clinics which can give him most food for thought even though they do not furnish as much amusement.—*Editorial Gaillard's Medical Journal.*

GALL BLADDER IN THE MALE.—Dr. J. B. Hamilton states (*Jour. Amer. Med. Assoc.*) that to find the gall bladder draw a line from the anterior superior spinous process of the ilium to the center of the xiphoid appendix. Intersect this with a line from the umbilicus to the tenth costo-cartilaginous junction. In the right upper triangle near the apex, but nearer the right oblique line the fundus of gall cyst will be found. A needle thrust through the abdomen at the point indicated will usually transfix the gall bladder. The position of the gall bladder varies with the changes in the position of the liver; in enlargements it is pushed downward, and in some cases deflected to the right.—*Med. Standard.*

Malaria a Waterborne Disease an Old Idea.—Dr. J. F. Jenkins, of Tecumseh, Mich., in the *Journal of the A. M. A.*, March 16, 1895:

Some discussion has lately taken place in the *Journal* and the *Medical Record* in reference to malaria being a waterborne disease. That malarial poison is disseminated through the medium of water as well as through the atmosphere is generally mentioned by almost every writer who has given the subject attention.

Permit me to quote from a few modern authors: In Reynold's "System of Medicine," Dr. W. C. Maclean states: "That it is a common belief in India that water is capable of absorbing malaria, and that periodic fevers, dysentery, and even cholera are produced by drinking water so charged." Dr. Bristowe states in his work on "Theory and Practice of Medicine:" "That it is dangerous (according to some) to drink the water, however pure it may seem to be, which is furnished by the soil of such localities." Referring to malarious localities, Dr. Loomis, in his excellent work on "Practical Medicine" says: "The question arises, How does malarial poison gain entrance into the human body? The most reasonable view is that this is effected through the respired air. Certain facts seem to show that it may be introduced through the intestinal tract with the food and water. There seems to be scarcely a doubt but that it may be taken into the stomach with foul drinking water." In Pepper's "System of Medicine" edition 1884, Dr. Samuel M. Bemiss states in his article on malarial fevers: "That malaria is miscible with water. It is capable of being carried by currents

of water through distances and periods of time altogether undetermined without losing its toxic effect or, perhaps, the faculty of reproduction. It is more than likely that this means of conveyance has effected its distribution to continents and islands too widely separated to justify a belief that it was wind-wafted. No observation need be adduced to establish the waterborne habit of the malarial poison, or the positive liability to its toxic effects when received into the stomach through this medium. These facts have been well understood from the time of Hippocrates."

Dr. W. Gilman Thompson, in the "American Text-book on the Theory and Practice of Medicine" states: "The mode of malarial infection is not definitely understood. The miasm seems to enter the system through the medium of inhalation, while at other times it apparently enters through the alimentary canal by means of contaminated drinking water, or other fluids exposed to a malarial atmosphere."

Quotations might be made from various other writers on this subject, in order to illustrate the fact which has long been known to the medical profession, that malaria is a waterborne as well as an airborne disease.

A FEW months ago I was suffering from hepatic torpor, and I am happy to say that, after taking two bottles of Peacock's Chionia I feel greatly relieved, and that Chionia has done me more good than any other preparation I have ever used. In hepatic disorders I shall always give it preference to other remedies, knowing its therapeutic value.

Chicago, Ill.

T. ED. DEPONDROM, M. D.

Editorial and Miscellaneous Notes.

ELI LILLY & CO., of Indianapolis, one of the best pharmaceutical houses in this country, has an advertisement in *THE AGE*, to which we direct special attention.

IF you want to read Dr. King's book on the county doctor, examine the proposition which we make to new subscribers in this number of *THE AGE*.

DR. E. L. MARECHAL, of Mobile, Professor of Hygiene and Medical Jurisprudence in the Medical College of Alabama, has declined a re-election to that position.

DR. I. H. GOSS, of Athens, Ga., after attending the session of the American Medical Association, in Baltimore, went up to New York, and spent three or four weeks.

J. W. SNOWDEN, M. D., A. E., San Jose, California, on April 12th, 1895, writes: Your Bromidia acts like a charm. I believe it a safe, effectual and reliable hypnotic.

WE are pleased to call the attention of our readers to the page advertisement of Messrs. Reed & Carnrick. Their splendid preparations are being used by the leading physicians of the country, and are highly commended.

TORPID STOMACH.—If the stomach of your patient is torpid, and will not secrete enough gastric juice to digest his food, *then* give him two or more fluid drachms of *Seng* before each meal. *Seng* is the only remedy that will normally increase the flow of the digestive fluids.

WE call the attention of the readers of *THE AGE* to the annoucement of the Chattanooga Medical College.

MALTINE WITH COCA WINE.—Dr. William Perrin Nicholson, of Atlanta, Ga., Dean and Professor of Anatomy, Lecturer on Clinical Surgery at the Southern Medical College, says: "Maltine with Coca Wine is a splendid preparation, and especially indicated in persons suffering from feeble digestion and inanition. I have found it exceedingly valuable in aged persons who have failed in strength and need something to tone up the nervous system. In the depressed state following la grippe, I have found nothing which afforded so much satisfaction."

TONGALINE in Tablets, in addition to Tongaline, liquid, is now made. Each tablet contains: Concentration of Fluid Tonga, 1 gr.; Sodium Salicylate, 5 grs.; Cimicifugin Salicylate, $\frac{1}{8}$ gr.; Pilocarpin Salicylate, 1-200 gr.; Colchicin Salicylate, 1-1000 gr. All the salicylic acid in Tongaline is made from the pure oil of wintergreen. Tongaline and Lithia Tablets—Tongaline 5 grs., Lithium Salicylate 1 gr.; Tongaline and Quinine Tablets—Tongaline $3\frac{1}{2}$ grs., Quinia Sulph. $2\frac{1}{2}$ grs. Each tablet is equivalent to one-half drachm of the liquid, and two tablets should be administered at a dose.

MELACHOL.—Melachol, the advertisement of which appears in one of our pages, and to which we draw the attention of our readers, is the product of experimentation of the most reliable pharmaceutical purveyors in St. Louis. Its projectors and manufacturers are among the best and most thoroughly well-known drug makers in St. Louis.

In an agreeable, attractive form, melachol furnishes several remedies which are admirable laxatives, the

most prominent of which is the phosphate of soda, and those who are familiar with the value of this remedy, and the importance of having a pure article, will appreciate melachol. In conditions of catarrh of the bile duct and the gall bladder, and of the intestinal canal, there is no better remedy than the phosphate of soda. Melachol, then, in doses from a teaspoonful to a tablespoonful, according to the laxative effect desired, in a half a glass of water, two or three times a day, will be found of great value.

The well-known solvent effects of this combination upon gall stones and other unfavorable conditions of the intestinal tract will commend it. We are confident that the medical profession will welcome melachol.

The editor of this journal has already tried it in a large number of cases to most excellent advantage, and confidently commends it.—[By I. N. Love, M. D., in November issue.

REMOVED, to accommodate a largely increased business. Messrs. Wm. R. Warner & Co. have removed their New York Branch to the more commodious and convenient quarters, No. 52 Maiden Lane. This change became imperative, the space at their former sales-rooms having at last become inadequate to admit of the proper conduction of their largely increased business. There will constantly be on file a complete list of the leading Medical and Pharmaceutical Journals of the United States, and a cordial invitation is extended to the profession to consult them at any time.

IN SEVERE CASES DUE TO BURNING CLOTHING.—Lint soaked in warm *carbolyzed carron-oil*, with a thick envelope of cotton-wool, is, perhaps, the best application for the first week; but the nauseous smell of the linseed oil, combined with the foetor of purulent discharge, is

horribly offensive, and helps to keep up the tendency to diarrhoea common at this period, and frequently attributed to duodenal ulcer. Use the following alternative treatment: Dress the vest, beef-red, profusely-suppurating wounds with *gall ointment* thickly spread on strips of lint, or with *ointment of galls and opium*, or *boric ointment* having about 1 drachm (4 grammes) of finely powdered *galls* to the ounce (30 grammes); wrap thickly in cotton-wool and bandage firmly, not loosely. Improvement is rapid, the smell diminished, and the sufferer finds the treatment comforting.—S. Grose, *Lancet*, March 23, 1895.

Walker Pharmacal Co., St. Louis, Mo.:

Gentlemen :—Please send me a sample of Pineoline. I have used Phytoline, and believe it is the best, and about the *only* medicinal remedy that will reduce a surplus of adipose tissue. I gave it to a lady patient weighing 200 pounds; reduced weight 26 pounds in four weeks; at the same time, gave entire relief to a train of hepatic, gastric and rheumatic symptoms, that had long made the patient's life miserable.

Very truly yours,

Olympia, Wash.

M. L. ADAMS, M. D.

ANOTHER HOWL.—Medical jurisprudence teaches doctors their duty toward the Commonwealth, and with all obedience as a citizen I bow to the inevitable. But I am at a loss to know how much power the law can lash M. D.'s over the back with. So many times has my ignorance been paraded before a court or jury that I have about resolved to go to jail in the next case rather than stand the persecution and insults of an insolent and impudent lawyer. I remember being before Hon. Wm. L. Jackson, Sr., in a case of "Casper against Mendel, for bastardy and alimony." The ground taken by Cas-

per was rape, followed by birth of child. On the witness stand (as an expert) my testimony relatively was its possibility, but hardly its probability, however, which was met with severe criticism and rebuke by counsel and laughter from the public in the court room. After a long and painful persecution I was forced to appeal to his Honor.

On another occasion I was arrested and taken before Hon. Judge Stites, and severely reprimanded for my disobedience. I asked an audience from his Honor to explain that I did not know even the parties or the case. With grand and dramatic language he silenced me to a seat, and informed me that if I left the court without his permission I would be liable to fine and imprisonment. I obeyed, for I knew my man. After three days' hearing of the case I was discharged without even being called. My business was left to everybody and anybody; my patients were angry (and so was I), to say nothing about the loss of money. On another court day, with seven or eight other doctors, I swore George T. was of unsound mind, but I had occasion in a few days after to know I made a mistake. It was the doctors, not George. He had more sense than all of us.—F. E. Corrigan, M. D., in *Louisville Med. Monthly*.

WE quote the following from Dr. Buchanan's book "Antisepsis and Antiseptics :—"

SENNINE.—"This substance occurs in the form of a white powder with a pleasant faintly aromatic odor, and an agreeable sweetish taste; it is readily soluble in water and most of the ordinary solvents. The product is a new one and the result of American enterprise, and is certainly worthy of commendation. Why should we import, not only our ideas, but even our remedial agents, when American brains and American hands are just as

able and competent as those of foreign nationalities? Sennine is composed of phenol and boracic acid, and possesses all the virtues and none of the disadvantages of those substances (see carbolic acid and boracic acid.) Both of its ingredients are substances of more than recognized virtue and merit. Lister has very recently declared carbolic acid superior to all other antiseptics and germicides; moreover, he places boracic acid nearly as high in the scale of efficiency. In this product—"Sennine," the odor of carbolic acid has been entirely removed; a powder resulting, which is not only free from objectionable odor and irritating properties, but is also comparatively non-toxic; it is readily applied in substance as a dusting powder or as a dry dressing—so much in favor at the present time. It may also be applied in ointment, or, where moist dressings are desired, in solution; a five per cent. aqueous solution being sufficiently strong for general use. Its field of application and usefulness is quite extended; it is recommended not only in general surgery, obstetrics and gynecology, but in general medicine as well. Reports indicate that it has been used very effectively in numerous conditions, such as otorrhœa, otitis, bromidrosis, gangrene, eczema of various kinds, herpes, laryngitis, thrush, diphtheria, and various infectious inflammatory conditions of the naso-pharynx, vaginitis, chancroid, dysentery, erythema, catarrh, typhoid fever, in dermatology and dental surgery; in short, wherever a good, efficient and thoroughly reliable antiseptic can be of any value whatever. It has been used internally in fermentative dyspepsia, in cholera and infectious gastro-intestinal diseases, in gonorrhœa, typhoid fever, etc. When administered internally, it is usually given in doses of one to five grains."

LOCAL GANGRENE FROM CARBOLIC ACID DRESS-

INGS.—Dr. Laugier (*Hospitalstidende*, No. 2, 1895,) communicates three new cases of gangrene of the fingers from a long continued carbolic acid dressing. In one case the patient has employed a 1 per cent. solution of the carbolate of soda, while in the other two the ordinary 2 per cent. solution of the acid was used. None of the patients had any particular inclination to gangrene. He therefore warns against employing $\frac{1}{2}$ per cent. solutions of this antiseptic on the fingers, as it may cause gangrene. This is possible, not only in children and young persons, but also in adults of both sexes, without either albuminuria, diabetes, alcoholism or endarteritis being present.

A REMARKABLE CASE OF INCONTINENCE OF URINE IN A CHILD.—Four months ago I treated a remarkable case of incontinence of urine in a child. It was seven months old, and had urinated from fifteen to twenty times every night since it was born, requiring its wrappers to be changed that often. I gave it one-third of a teaspoonful of Sanmetto four times a day, and before one bottle was used the babe was well, and still remains so. In the last two years I have used several dozen bottles of Sanmetto in the treatment of various affections of the genito-urinary organs, and with the most gratifying results in every case.

North English, Iowa. E. S. ATHEARN, M. D.

CLINICAL VALUE OF RENAL CASTS.—Many clinicians can recognize casts under the microscope, but fail to interpret their significance. Dr. A. E. Austin, in the *International Med. Magazine*, separates them into definite groups, and draws inferences accordingly. The hyaline and blood casts merely indicate irritation and hyperemia. Closely associated with hyaline casts is amyloid change of the kidneys, due usually to suppur-

tion, and with a good prognosis if the source of sup-puration be removed. Epithelial, granular and fibrinous casts indicate acute inflammation of the renal tubules, the epithelial cast pointing to the mild stage ; that is, one of mere desquamation with urine slightly under normal in amount, specific gravity 1,030, high color, albumen a trace, numerous hyaline casts, free blood and renal epithelium. This may go on to brown or pale granular casts, with diminution of the solids of the urine. The fatty and waxy casts, when numerous and persistent, indicate long-continued chronic inflammation of the kidney with bad prognosis. Blood and epithelial cells are absent. In this case the urine is diminished in amount with increased specific gravity. The pale, granular and small hyaline casts point to fibroid kidney. Aside from the microscopical appearance, the general condition of the patient, age, sex and previous history must be taken into consideration. It should be remembered that the diagnosis of cases alone may mean little, but the kind of casts in abundance is the important point.—*Maryland Med. Jour.*

POTT'S DISEASE IN CHILDREN.—Pott's disease in children is so often recognized so late in its course that all hope for improvement is futile. The early symptoms and signs, which should always be looked for, are down by Dr. Dillon Brown, in the *Archives of Pediatrics*, in the following list of different points :

The pain, general disability and sickness are out of proportion to the apparent of spinal disease.

The onset is alarming, and the progress of the disease is more rapid than in tubercular caries—the paralysis being an early symptom, and the deformity appearing even in a few weeks after the beginning of the symptoms.

The local pain is intense ; and the peripheral pains, the deformity, the extreme spinal disability and the paralysis, including incontinence of urine and fæces, rapidly grow worse in spite of rest in bed and instrumental support.

Secondary disease soon appears, rapid emaciation and marked cachexia are seen, and the patient does not live more than six or eight months.

Whether a vertebral caries is due to syphilis or to tuberculosis is of immense importance as regards prognosis and treatment. In both diseases the symptoms are almost identical, and the diagnosis must be based upon the history, the presence or absence of the evidences of syphilis, and the result of treatment. In tuberculosis there is more likely to be an evening rise in temperature, and the pus and debris may contain tubercule bacilli. Syphilis is suggested by nocturnal pains and the envelopement with chronic disease of some other joint or joints or some other part of the spine.—*Med. & Sur. Reporter.*

“DIGESTION AND DIET,” BY SIR WILLIAM ROBERTS.—The appearance of this little work almost marked an era in the field of physiological chemistry, and at once stamped its author as an authority on all subjects pertaining to human food. In speaking of starch, he says, “ The importance of starch as an article of human food has perhaps scarcely been duly recognized. If we regard the enormous proportions in which the seeds of cereals and leguminous plants and the tuber of the potato enter into our dietary, and the immense percentage of starch in these articles, it is probably not too much to say that two-thirds of the food of mankind consists of starch.” It is deplorable, but a fact nevertheless, that intestinal or pancreatic indigestion is rapidly increasing, and starch must be omitted from the

dietary of a patient so afflicted, for, notwithstanding its importance as a food, if it is not digested it rapidly ferments, and is consequently worse than no food at all. No observing physician needs to be told the immediate results of any interference with the starch-digesting functions of the pancreas. Rapid loss of weight and strength are but the precursors of more serious troubles. It is in cases of this character that an artificially-digested starch food like Paskola proves of greatest value, for not only does it present this important element of the human diet in a form ready for immediate assimilation, but it aids the digestion of other foods. The uses of such a preparation are legion, and Paskola is destined to fill an important place in the newer *matéria medica*. A supply of the product will be gladly sent, express prepaid, to any physician who may wish to test it in his practice.—Daily Lancet.

CHRONIC CUTANEOUS AFFECTIONS. — In many chronic diseases of the skin, the indications for treatment are to stimulate the sluggish circulation, and thus relieve the local congestion, to cause the absorption of inflammatory products, and relieve the distressing itching which is so frequently present. Among the large array of remedies suggested for this purpose, Losophan has often been found to act more effectively than the drugs in common use, especially if the cutaneous condition be due to the agency of parasites. It contains a large amount of iodine (over seventy-five per cent.) which is considered one of our best parasitocides in combination with cresol, another active antiseptic. Clinical investigations have shown that Losophan is an excellent antimycotic, not only in ringworm, favus, scabies and pediculosis, but also a dermatic stimulant of much value in such chronic affections of the skin as acne vulgaris, sycosis, prurigo and chronic eczema. To insure its efficacy, however, it must be employed in the following manner: First, dissolve the Losophan in oil, and after thorough solution has been secured with the ointment base, either ung., simplex, lard or lanoline. A five per cent. ointment is usually sufficient.

THE REPORTER QUESTION AS VIEWED BY THE "MEDICAL RECORD."—Anent a very sensible action on the part of the President of the Cincinnati Academy of Medicine, excluding the newspaper reporters from its meetings, the *Medical Record* takes occasion to ridicule this action, and express its fear "that the infant Cincinnati Academy has done a very silly thing." It cites the examples of the New York Academy of Medicine, the New York County Medical Society, in this country, and the Academie de Medicine, of Paris abroad, all of which admit reporters to their meetings. We are very much surprised that brother Shrady has not mentioned this all-important question as affecting another renowned medical body, namely, the St. Louis Medical Society. The harmful influence of the reporter nuisance, as affecting our local Society, has time and again been pointed out by the *Review*. A great deal of the disgraceful scenes which have lowered the standard of the medical profession in the estimate of the public is, as the decent majority of all the physicians admit, due to the discussion of scientific and personal differences in the daily press by doctors and reporters.

If we are correctly informed the societies quoted by the *Record* are not at all examples or models of fraternal harmony, and we venture the statement that the daily press is, to a large extent, responsible for medical quarrels. The mention of the American Medical Association as an example, proving the legitimacy of the admission of reporters, is a particularly infelicitous one. Any one who has read the reports of the San Francisco papers last year will easily come to the conclusion, that the "sawbones" were "meat" for the reporters. Not only did they have the portraits of the famous and obscure physicians, but they also lampooned in unmerciful and undeserved manner some of the best and most prominent members of our profession. The *Review*

commented on this occurrence at the time and used it as an argument in its warfare, which it has been waging during the last year against this abuse.

We are sorry to see such an influential journal as the *Medical Record* on the wrong side of this question. This much is certain, that all the shady elements in the medical profession are in favor of the admission of the reporters in this section of the country, which does not mean that once in a while a "straight" doctor may not be found among the advocates and defenders of reporters taking a hand in medical matters.—*Medical Review*.

NEW OPERATIONS FOR THE RADICAL CURE OF INGUIDAL HERNIA.—In spite of the already large number of methods which have been devised for the radical cure of hernia the list still grows apace. This is conclusive evidence that we have as yet no method that is uniformly successful. All conservative writers agree that after every one so far devised there will be a large number of recurrences. The reason for so large a proportion of failures is not difficult of explanation. The success of the operation depends, of course, upon securely obliterating the canal through which the hernia descended. Operators have displayed great ingenuity in devising means to secure this obliteration, the success of which depends upon the various structures retaining the positions in which they are placed at the time of the operation. Unfortunately this expectation is not realized. The stiches give way, or the transplanted flap undergoes atrophy in the new position, and but little resistance is left to the redescend of the hernia. It will be remembered, of course, that most of these operations are performed in cases in which the tissues are altered by the long-standing rupture. The truss still remains, therefore, the best method of dealing with a reducible hernia, if it can be retained thereby.—*Times and Register*.

Book Notices.

A BOOK OF DETACHABLE DIET LISTS. For Albuminuria, Anæmia and Debility, Constipation, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout, or Uric Acid Diathesis, Obesity, Tuberculosis and a Sick Room Dietary: Compiled by Jerome B. Thomas, A.B., M.D., Visiting Physician to the Home for Friendless Women and Children and to the Newsboys' Home; Assistant Visiting Physician to the King's County Hospital; Assistant Bacteriologist, Brooklyn Health Department. Philadelphia: W. B. Saunders, 1895, \$1.50.

This little book gives many important facts which will be suggestive to any physician by a careful reading. It is reliable, practical, and convenient, and the publisher will be glad to furnish it to any physician on application.

A MANUAL OF THE MODERN THEORY AND TECHNIQUE OF SURGICAL ASEPSIS. By Carl Beck, M.D., Visiting Surgeon to St. Mark's Hospital and to the German Poliklinik of New York, etc. With sixty-five illustrations in the text and twelve full-page plates. Saunders' New Aid Series, \$1.25. Philadelphia: W. B. Saunders, 1895; pp. 306, octavo.

Many papers have been read and discussions entered into by members of every medical society of the country, on the subject of "Surgical Asepsis." The subject is one of much importance to every physician. Dr. Carl Beck, in his "Manual," which is before us, gives in a very condensed and readable way this subject to the reader. This little volume is not only a very valuable book to the medical student, but equally so to the practitioner of medicine. It will be found of great service as a reference book.

The Alabama Medical ^{and} Surgical Age.

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Original Communications.

A PLEA FOR EFFICIENT LEGISLATION REGULATING MEDICAL PRACTICE.*

BY PERRY H. MILLARD, M. D.,

ST. PAUL, MINN.

Read before the American Academy of Medicine, at Baltimore, May 6, 1895.

DURING the last decade no question in medical sociology has attracted greater attention than medical education. The requirements of our colleges not being upon a par with those of other countries, nor with other departments of education in this country, it was but natural that the profession as a whole, the medical press, and organized bodies of medical men,

*[*Editor Alabama Medical and Surgical Age, Anniston, Ala.:*

DEAR SIR:—The American Academy of Medicine, at its recent meeting in Baltimore, adopted the following minute:

"That the Secretary be instructed to furnish galley proofs of Dr. Millard's article to the principal medical journals of America and Europe, requesting them to make as full use of it as they can, since its conclusions are expressive of the opinions of the Academy."

In compliance with these instructions, I enclose the proof as requested.

Very truly yours,

CHARLES MCINTYRE, Sec'y.]

should join in a demand for needed reforms. During the formative period of our history, it is but natural that abuses should have arisen in methods of education and obtain a firm rooting. A spirit of criticism exists that will not subside pending the definite determination of a question of such vital interest to the profession of the country.

As a nation, during the first century of our history, we have established a system of common school education that challenges the admiration of the civilized world. It is a subject of regret, however, that in certain advanced lines of education our methods have proven most defective. This is true of medical education; a system having secured foothold with us, that is indeed anomalous.

Having no support, other than the fees of students; without university or college connection; without support from the state, generally accorded other systems of education; without restraining legislative enactments; without laws regulating the granting of charters for purposes of medical instruction; it is indeed little wonder that, at the end of the first century of our history as a nation, chaos should reign supreme.

The agitation of the question of medical education is bearing fruit, however, in that a majority of the schools situated in the northern states demand at the present time evidence of preliminary fitness before matriculation, and that in a period of five years all colleges known to the writer have extended the period of time of study; with a change of the minimum length of term from five to six months. After the present year

every medical school of recognized standing will require attendance upon four courses of lectures in different years, of six months' duration each course, before conferring the degree of M. D. The reforms thus far accomplished have only been secured in the face of determined opposition at the hands of the representatives of the low grade institutions. Future opposition will result in disaster to the participants. Professional sentiment is decidedly with those schools now operating under the advanced curricula. This is particularly manifested by the increased number of matriculates in the last three years at schools operating under the four years' course. The fiscal matriculation at the University of Pennsylvania and Columbia is, approximately, eight hundred, Harvard five hundred, and others in proportion; while that of the recognized low-grade institutions has sensibly fallen off.

Notwithstanding the trend of public opinion, we are firmly of the conviction that our only safety consists in the establishment of efficient legislative acts in substantially every state. The high grade schools are undergoing a period of evolution, and are determined to inaugurate greater system in methods of work; with low-grade schools little evidence is at our command pointing to improvement.

The elevation of the standard of requirements in the latter class of schools has seemingly been entirely in response to the requirements of the respective state acting through boards of medical examiners.

The indifference of the profession to methods of medical education has been far-reaching in its pernicious

cious influences. Blinded by our own short-comings, we did not awaken to a realization of our environment until our interests were greatly jeopardized. We found ourselves drifting, in the estimation of both the public and profession, towards a condition of professional inefficiency, not unlike that of French medicine in the seventeenth century, so graphically described by Moliere. One of the greatest evils of our system was the flooding of our ranks with a horde of poorly educated practitioners far in excess of our legitimate demands. The latter assertion is convincingly illustrated by the statistics gleaned from the recent excellent paper of Professor Pepper on Medical Education, affording comparative statistics relating to the proportion of practitioners to the population in different countries of the globe.

TABLE INDICATING PROPORTION OF PHYSICIANS
TO THE POPULATION.

Austro-Hungarian Empire.....	1 to 3,857
Belgium.....	1 to 2,841
France.....	1 to 2,666
German Empire.....	1 to 3,038
Italy.....	1 to 3,536
Netherlands.....	1 to 2,484
Norway.....	1 to 3,961
Russia.....	1 to 8,551
Spain.....	1 to 3,375
United States.....	1 to 500

The number of medical colleges indicates a similar disproportion.

NUMBER OF MEDICAL COLLEGES TO THE
POPULATION.

Austro-Hungarian Empire.....	1 to 5,153,917
Belgium.....	1 to 1,534,111
Brazil.....	1 to 7,001,167
Canada.....	1 to 3,336,877
Chili.....	1 to 2,887,552
France.....	1 to 5,477,591
German Empire.....	1 to 2,471,923
Great Britain.....	1 to 2,358,767
Italy.....	1 to 1,445,109
Netherlands.. ..	1 to 660,249
Norway.....	1 to 1,988,771
Sweden.....	1 to 1,600,917
Russia.....,....	1 to 14,403,317
Spain.....	1 to 1,950,027
United States.....	1 to 440,151

It will be observed from the above that the proportion of practitioners and the number of schools are greatly in excess of other countries. Medical colleges in foreign countries are likewise independent financially, being, as a rule, directly supported by the state, or possessing a direct university connection.

An investigation of this subject reveals, beyond the possibility of successful controversion, that the most efficient profession is found in those countries protected by efficient legislation; while a correspondingly low standard of professional fitness exists in countries not similarly protected:

At one time considerable opposition existed to the regulation of medical practice by legislative enactments. With the defeat of attempts to destroy the effects of

this form of legislation by litigation, and the moral support afforded by the recent decision of the Supreme Court of the United States and Supreme Courts of the several states, as well as the apparent benefits from the successful operations of the law in a large number of states, it is pleasing to note a decided change of sentiment in favor of this form of legislation.

The existing opposition to this form of legislation is greatly disappearing, being greatly confined at present to the charlatan, the faculties of a few of our low grade schools, and the public press. We can trace the existence of statutes regulating medical practice from the thirteenth century ; in the year 1237 licenses were only obtainable in Italy upon attendance at medical lectures for a period of five years, with preliminary entrance requirements demanding three years' work in philosophy.

The first degrees in medicine were evidently conferred in Italy in 1384. Laws regulating medical practice have existed in all civilized countries for many centuries. It is unfortunate that, in this country, the diploma has been given a legal interpretation ; in foreign countries it is simply an evidence of scientific value. With the advent of statutes regulating medical practice, this custom upon the part of the courts is becoming abrogated. We can not but conclude that in the older countries we have a superior profession in point of intelligence, with a more desirable environment ; while with us we have, as a whole, men somewhat inferior in their preliminary training, a number triple that of any other country, and a professional environment most undesirable.

The essentials of efficient medical legislation will incorporate the following features :

(1) The adoption of more rigid rules governing the admission of students to medical schools.

(2) The determination of the applicant's fitness to practice by an examination upon all the branches of medicine.

(3) The right to refuse or revoke licenses for unprofessional or dishonorable conduct.

(4) An adequate penalty for violation of the provisions of this variety of legislation.

(5) The boards of examiners to be appointed by the Governor, with proportionate representation by different schools of practice. In support of demands for an adequate entrance requirement, it is conceded that medicine is now more nearly practiced from a scientific basis than at any time in its history. Without adequate preliminary fitness the broad field cannot be grasped, nor its practice entrusted to persons without well-trained minds.

Persons contemplating medicine as an avocation should give the scientific branches particular attention in preparation. A thorough course in the scientific department of our better equipped colleges or universities will permit of the successful accomplishment of the course now provided in the four years' curricula in a period of three years. I fully concur in the position taken by Professor Vaughan, however, in that the classical course does not prepare the student in a manner that he can safely abridge the work now required in the four years' curricula. The necessity of a

thorough college training is more apparent now than at any previous time. While an immediate attempt, looking to the demand as above suggested, would probably meet with defeat, I am of the opinion, however, that by concert of action we can secure the adoption at this time of an elevation of the standard of fitness, requiring a college or university matriculation, or its equivalent, of all students wishing to commence the study of medicine. If the student cannot furnish a matriculation ticket from a recognized college or university, he or she should be required to undergo an examination that would admit to such course.

Under existing relations we cannot safely entrust this examination to the representatives of the teaching body. Except in a few of our high grade schools, the entrance examination has been a farce as at present conducted. The factors leading to this condition are the same as outlined earlier in this paper. It is the result of college competition with an unnecessary multiplication, in recent years, of the number of teaching bodies. It is my judgment, based upon a somewhat varied and extended experience, that a majority of the schools in this country exist to serve the personal interests of the respective faculties rather than to serve the legitimate demands of the people. About twenty-five per cent. of our schools have a matriculation of less than sixty pupils.

The determination of the fitness of the student to commence the study of medicine should be placed in the hands of a body of men entirely disinterested. I know of no body better qualified to superintend the execution

of this important trust than a state board of medical examiners. If not such a body, then a committee composed of members of a faculty of a college or university.

The minimum of entrance requirements should be uniform between the different states. Under the operations of the New York law regulating the examination of students commencing the study of medicine, much good is being accomplished. I desire to urge upon the profession the necessity of provisions in future acts looking to a rigid protection of the gateway to the study of medicine.

Having submitted satisfactory evidence of preliminary fitness, only such persons should be admitted to undergo the professional test as have received their courses of professional education at schools of medicine whose curricula of requirements are acceptable to the respective boards. A minimum of requirements, both as to time and teaching facilities, is as essential in measuring professional fitness as it is for similar purposes in universities, colleges, and our public school system. A school should not be recognized unless it is working under a minimum that will assure the graduation of a class of persons that can safely be entrusted with the care of the sick. In arriving at a conclusion upon this most important function, I desire to particularly impress upon the members of these boards the fact that medicine, as at present understood and practised, is radically different from that of a few years ago. To comprehend requires years of study, and a training in laboratory methods and surgical technique that can only be grasped when afforded by a person trained in

methods of medical pedagogy. The clinical and laboratory facilities of many of our schools are shamefully inadequate, several colleges known to the writer having operated for years with substantially no assets. It is the duty of each board to enquire fully into the facilities of each school represented by graduates who are applicants for degrees.

Having determined upon the fitness of the school to afford satisfactory courses of medical instruction, applicants holding degrees from such institutions should be admitted, and a further test of fitness demanded by requiring an examination upon all the recognized branches of medicine. These examinations should be conducted by number, be scientific, and of sufficient severity to assure the public a thoroughly educated profession. Students from the respective schools of practice should undergo an examination upon the same questions, no necessity existing for questions not primary in character.

Licenses should not be refused or revoked for other than gross unprofessional or dishonorable conduct. In criminal cases it is not well to anticipate the processes of criminal law. The latter feature of our legislation has been instrumental in protecting the people from the professional charlatan in several states. Its provisions should be incorporated in all statutes regulating medical practice.

Owing to the difficulty in securing indictments, and the consequent tardiness of legal processes, the penalty for violations of the provisions of this form of legislation should be by penalties imposed by a justice or a

municipal judge ; the latter method has given satisfaction as far as I am aware. Reasonable efficiency upon the part of the officers of these boards has been awarded by a full compliance with the provisions of this form of statute in all instances. The Governor should have the appointing power, being responsible for the successful operations of the different state boards. Experience satisfies us that the so-called mixed boards are doing satisfactory work, and operating in perfect harmony. Seemingly no excuse exists for the duplicate boards operating in a very few states. At present approximately thirty states possess legislation regulating medical practice. Seventeen states have a form of statute that fails to recognize the diploma as evidence of fitness to practice; consequently they may be classed with those states operating under efficient acts. In the latter class of states I particularly desire to call your attention to the results of work thus far accomplished. In a paper read before this learned body, at Detroit, Michigan, in 1892, I suggested the future influences of these boards as most important in shaping the future medical education in this country. I submit data at this time confirmatory of the position then taken, and reaffirm my former suggestion, that future legislation will, in a great measure, determine and govern the work of the teaching bodies of the country.

I am deeply indebted to the officers of the various boards for courtesies extended, and regret that space forbids reference to many suggestions and conclusions arrived at in the work of the different boards.

Data have been obtained from the following named

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states : Alabama, Minnesota, Maryland, North Dakota, North Carolina, New York, New Jersey, Virginia, and Washington.

The subjoined table indicates briefly the work of these boards :

State.	Examined.	Licensed	Rejected.	Per cent.
Alabama	647	558	89	0.862
Maryland	150	105	25	0.806
Minnesota.....	641	499	142	0.778
New York.....	967	797	170	0.824
New Jersey... .	447	417	30	0.955
North Carolina.	615	508	207	0.71
North Dakota..	81	76	5	0.938
Virginia.....	835	613	222	0.734
Washington...	207	167	40	0.806
Totals....	4670	3740	930	0.822

It will be observed that of four thousand six hundred and seventy persons examined, but eighty-two and two-tenths per cent. were successful in securing a license. The nine hundred and thirty unsuccessful applicants have, we doubt not, principally located in states not protected by this form of legislation.

I am pleased to direct your attention to the good work of the Minnesota board. The first act regulating medical practice in this state became operative in March, 1883. It was the form of legislation at present in force in Illinois. It was in operation five years, being supplanted by the present law. The present act requires an examination of all persons commencing the practice of medicine, and as amended by the last legislature, the minimum of requirements is changed, demanding that

all graduates of later date than 1898 furnish satisfactory evidence of having attended at least four courses of lectures in different years, of not less than six months duration each.

We have in Minnesota a practical illustration of the position taken in my former paper: "that in medical legislation we have the only solution of the problem of higher medical education." Having drafted these bills and by force of circumstances been somewhat conspicuously aggressive in urging their enactment, I have, in consequence, witnessed their operations with some concern and interest. The result is all that the most sanguine could have anticipated. In a period of twelve years the proportion of physicians to the population in Minnesota has been reduced from one practitioner to every six hundred and fifty in 1883 to one to every one thousand in 1895. The state has been substantially rid of the traveling charlatan. The present able secretary, Dr. McDavitt, informs me that the medical census just completed is accurate and that the present operation of the law is quite faultless. We therefore conclude that in one state at least the number of physicians has been reduced to a number commensurate with the demands of the people.

The work of the New York board is attracting considerable attention. Notwithstanding pronounced opposition and many embarrassments the act is destined to strengthen the character of the profession in this state. From advance sheets kindly furnished for use in this paper, I observe the following verification of a position taken by the secretary, James Russell Parsons,

in his 1893 report. He reiterates that the records of the past year conclusively prove the position taken in his 1893 report, "That the new law proves a barrier to the ingress of the incompetent, has operated to raise the standard of preliminary education, improve the methods of teaching and terms of study of the different schools of medicine."

The following resolution from the president and secretary of the board to the State Medical Society is significant and should meet the approval and support of every member of the profession of this great state, "*Resolved*, That in the opinion of this Board the best interests of the public and medical profession would be materially advanced by gradually increasing the minimum of requirements as to general preliminary education till no candidate be entitled to matriculate in 1897 at a degree granting medical school in this State, that has not completed at least a full high school course."

I am pleased to note that this bill has already passed the Senate in New York and is in a fair way of becoming a law. If it becomes operative it will operate to improve the character of matriculates in New York schools and will be followed by similar legislation in other States. Greater co-operation is necessary between different State Boards, as it is essential that harmony of policy exist as far as practicable. As in foreign countries their relations to the profession and teaching bodies is most important, their functions being that of professional censors of the conduct of the members of the profession, and guarding at the same time the avenues of entrance to professional work. It being

the duties of these boards to protect the people from professional incompetency and charlatanry the duties are briefly comprehended in the performance of the following duties: 1. In establishing a minimum curriculum of all colleges whose alumni apply for a license to practice. 2. The individual examination of all persons wishing to practice medicine in the commonwealth. 3. A professional censorship, granting the right to refuse or revoke a license for incompetency and gross unprofessional or dishonorable conduct.

As this form of legislation becomes more fully understood and appreciated by the better class of schools, it will be observed as one of the most certain and reliable avenues of placing before the profession of the country the character of work being done in all colleges whose alumni apply for a license. A school doing honest work has little to fear at the hands of these boards; upon the contrary, as suggested in my former paper, it will be found that the proportion of applicants able to pass successful examinations will be a certain index of the character of instruction afforded students in the respective schools.

While the proportion of applicants successful is only eighty-two per cent., it will be found that from the schools heretofore operating under a high grade of requirements that, thus far at least in the work of these boards, nearly all graduates are successful in obtaining a license upon examination. In substantiation of this conclusion I again submit data, using therein the same schools as in my former paper.

The following table indicates the proportion of stu-

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dents successful on examination from alumni of schools heretofore operating under the three years' curricula :

Colleges.	Examined.	Licensed.	Rejected.	Per cent.
Harvard.....	31	31	0	1,000
Columbia.....	123	118	5	.952
Univ. of Penna..	126	123	3	.976
Univ. of Mich....	83	78	5	.940
N. Western Univ	26	22	4	.846
Univ. of Minn...	149	148	1	.992
Total.....	538	520	18	.964

I cannot but conclude gentlemen that efficient medical legislation will operate to bring about the following results, as applied to the profession and public.

1. It will protect the people by affording a profession of greater intelligence.
2. It will suppress charlatanry.
3. It will reduce the number of persons practicing medicine to a number commensurate with the demands of the people.
4. It will reduce the number of medical colleges, at present far above legitimate demands.
5. It will raise the general standard of professional fitness, assuring us a professional prestige in the future, becoming the most important of the learned professions.

In conclusion, we appeal to the profession to renew their efforts in securing efficient medical legislation, believing its operations will result most beneficially to both the public and profession.

THE PERMANENT DESTRUCTION OF SUPERFLUOUS HAIR.

BY M. B. HUTCHINS, M. D.,

ATLANTA, GA.,

Clinical Lecturer on Diseases of the Skin and Syphilis, Demonstrator of
Anatomy and Histology, Atlanta Medical College.

THE presence of few or many coarse hairs upon a lady's face, either on the lip, chin, cheeks, or in a mole, is often a source of humiliation and unhappiness to the victim. My observation is, that their occurrence is more frequent in the brunette type than in the blonde, though the natural, fine lanugo hairs of either type may become unpleasantly conspicuous.

Many sufferers seek to remove the deformity by pulling out the hairs by the root, a procedure which is very painful, and only serves to render them coarser. Others use various advertised depilatories, while some are so seriously afflicted as to be driven to regular shaving. Various hair solvents have been used, but their action is uncertain, and they may not only produce an inflammation of the skin, but also stimulate the hair to more vigorous growth.

The only method of permanently destroying these hairs, without injury or disfigurement, is that of electrolysis. About twenty years ago Dr. Michel, an oculist of St. Louis, introduced this method for trichiasis; Dr. Hardaway, of the same city, afterwards adopting it in dermatology.

The operation has been varied in its minor details by different dermatologists and practitioners, and no doubt it has also so often been unskilfully done as to bring it into disrepute.

My own method may briefly be detailed here. The current from five to seven Galvania cells is used, according to the condition of the battery and the requirements of the case. To the positive pole the ordinary sponge electrode is attached, while the needle holder, containing a fine steel needle, is attached to the negative pole. If the needle is attached to the positive pole the pain of the operation seems intensified, and a blackish point is produced, which persists for some time. The needle holder is about the size of a pencil, about five inches long, and has a spring upon it for the closing of the circuit. Most operators let the patient control this by pressing the sponge electrode in the hand, but having the control of the current entirely in the operator's hands—as the spring permits—has obvious advantages. The patient is placed upon the operating lounge before a good light, the operator sits to the right, the sponge electrode is thoroughly wet with water and firmly grasped in the patient's palm. The needle is then gently passed along the hair, in the follicle, until slight resistance, the bottom of the follicle, is felt. This is the site of the hair papilla, which must be destroyed. The spring is then pressed, upon which slight frothing occurs around the needle, and the surrounding skin is blanched. If the exact course of the hair is followed the needle enters more easily, the pain of the current seems less, and the frothing more. After five to thirty seconds, depending upon the size of the hair, the circuit is broken by releasing the spring, and the needle withdrawn.

If the hair attachments have been destroyed, the hair

will come out with no resistance to the epilating forceps. If it resists, the current must be reapplied. Hairs in moles may be destroyed in the same way, after which the mole will gradually atrophy, electrolysis having this effect when passed through them. The first sensation from the current suggests a bee sting, rather startling to the patient, and then the needle feels hot in the skin. But the patient will "suffer to be beautiful," and during my four or five years of this work I have never had a patient decline to go on with the treatment.

Fifty to one hundred hairs, according to their size, may be removed in an hour. An hour is long enough to strain the patient's nerves and the operator's eyes, though I have worked nearly three hours at one sitting, and once treated a patient an hour each morning and afternoon for five days, removing in that time over seven hundred hairs.

Only those hairs which are easily seen should be treated, the position of the root of the very small ones being too uncertain. I have had no ill effects from removing the hairs side by side, though there is danger of setting up an inflammation, or producing superficial scarring. The skin appears red for a few hours after the treatment, and a fine scale often marks the site from which each hair has been removed, remaining a few days.

The success of the treatment depends upon the skill of the operator; the percentage of regrowth is from five up. It is well to keep account of the hairs removed, for record and future comparison. In estimating regrowths, it should be remembered that the lanugo hairs may, in time, become coarse. The root of some

hairs may be so bent or curled as to render difficult the proper location of the papilla.

While the method described is tedious and painful, it is the only certain means of getting free of the hairs, and it must continue to be used until something better is found. No mode of anæsthesia is practicable, owing to the time of the operation and the extent of the involved areas.

Any physician with the proper apparatus, "a steady hand, good eyesight, patience," and the time, can easily learn to do the work, but he will find that considerable practice is necessary to becoming adept in it.

330 Equitable Building.

CROSS-EYES, WITH SOME REMARKS.

BY DR. W. L. BULLARD,

COLUMBUS, GA.

Eye, Ear, Nose and Throat Diseases, exclusively.

A FEW days ago a young lady patient, upon whom I had operated some ten days before for a very pronounced case of convergent strabismus, handed me, on the eve of her departure for her home at Mountain Hill, Ga., two photos of herself, which I here repro-



duce, which will convince those who might think differently, that Miss D., age 14, left my office a grateful and happy girl. Most every one knows (yet the leading



ophthalmologists of the world are somewhat doubtful as to the cause of convergent squint) what cross-eye or

squint is, and to relieve it simply requires a division or advancement of the recti muscles. While this may be true, I am free to say, that the treatment for the most successful results, both to patient and physician, requires no little care and patient judgment. Each case should be studied separately, and treated accordingly. Those old masters, to whom we look as our guiding stars, tell us that every convergent squint is caused by hypermetropia. Notwithstanding this revelation, the various up to date tests before us, refute the assertion, and we have to compass our little bark over the billowy wave the best we can, with our actual and personal experience. We are told, and our experience teaches us, that divergent squint is mostly in eyes whose refraction is myopic. Frequently, however, I am sorry to have to add, we see cases of divergent squint which started as a convergent strabismus; but from over-doing, the surgeon, unintentionally, no doubt, converts a convergent into a divergent, and as a rule some other member of *Æsculapius* falls heir to the *redress*. As already intimated, our way of treating cross-eyes varies according to that which we consider causes it. In children, with incipient squint, and no other known cause, save an error in refraction, this is properly corrected with suitable glasses, and, when worn as directed, frequently corrects or prevents the trouble from becoming permanent. When the glasses are removed, the eyes become crossed, and it requires no little explaining to satisfy the child's parents that nothing further is necessary; however, the child, after a time, learns to appreciate its glasses, hence, a few years afterwards, the child and its parents realize the soundness

of your advice, inasmuch as there now exists no necessity for a surgical operation. When a squint is permanent, and has been so for some time, the eyes are refracted, and if any error is found, the proper glasses ordered, and a division or advancement most suitable to the case is made, and a slight convergence if possible is left, which, if there exists much ametropia, will, by the constant use of the glasses, correct itself in a very short time, and our patient continue to have "straight eyes." In cases where we can find no ametropia, then all that can be done is to do a tenotomy or advancement, as our judgment dictates. Cross-eye, caused by partial or complete paresis, is oftentimes not so satisfactory as to result from treatment. As a rule, an operation is not necessary in these cases. We have to look into the cause of the paralysis, and treat accordingly. Divergent squint, in most cases, are those whose eyes are myopic, and whose vision is oftentimes impaired. To correct divergent squint, we find that an advancement of the muscles gives better results than tenotomy, though at times it is best to do both. As we all know that the operation for the various forms of cross-eye is simple, easy to perform, yet we again say, that each case should be studied within itself, and treated accordingly. Ninety-five per cent. of strabismic operations are done under cocaine anesthesia, and in most cases are said to be almost painless. A four per cent. sol. is generally used. In very nervous patients, and those with whom you can't reason, it is best to give a few whiffs of chloroform. It is safer to dress and lightly bandage the eye for twelve to twenty-four hours after the operation, though frequently the eye is left undressed; yet I think it safer, and the patient more comfortable, when the eye is bandaged.

1408 3rd ave., May 28, 1895.

Selected Articles.

TRIONAL A PROMPT HYPNOTIC.

BY DR. C. GOLDMANN, OF PATSCHKAN.

Quite recently a rival of Sulfonal, analogous in its chemical composition has been introduced into the *materia medica*, which has been generally preferred to the latter on account of its more prompt and rapid hypnotic action and its freedom from after-effects. This drug is Trional.

All the publications are unanimous in their praise of Trional as a remedy capable of producing sleep in an agreeable manner, and doses of 1 Gm. have been found adequate for a hypnotic effect, while the dose of Sulfonal varies from 1.5 to 2.0 Gm. Sleep which under use of Sulfonal occurs in the course of one-half to two hours, is produced by Trional already at the end of one-quarter of an hour, or at the latest in one-half hour. It not infrequently acts where Sulfonal fails—in short, it is preferred to the latter on account of its more rapid and agreeable effect.

I have employed Trional in a not inconsiderable number of cases of sleeplessness not due to pains, especially in neurasthenic insomnia, and with few exceptions have by means of doses of 1.0 Gm. obtained sleep of at least six, and usually eight hours duration. The patients always felt well on the following day and I have never observed after-effects.

The prompt action of Trional may be due, to no small extent, to the readiness with which its molecule is

decomposed, in connection with the greater solubility of the thin crystalline plates. It seemed probable that the after-effects peculiar to Sulfonal would also occur under the use of Trional, its chemical analogue, and this was confirmed after several years by the observation of a case of hæmatoporphyrinuria from the administration of Trional for a number of weeks.

This affords me an opportunity of discussing the question, whether by administration of appropriate remedies it is not possible to prevent these changes in the hemoglobine, and, indeed, to obviate any possible after-effects of Trional. For it would be lamentable if through the fault of the profession a really excellent remedy should be discredited which according to the numerous reports published and the results of my own experience must be regarded as superior to all other sedatives and hypnotics having no influence upon the heart action.

Urine containing hematoporphyrin is of a dark red color and always of a strongly acid reaction. This hyperacidity of the urine always accompanies hematoporphyrinuria. Furthermore it has been found that after prolonged use of Sulfonal the alkalinity of the blood is diminished. Both these facts warrant the conclusion that an etiological connection exists between the diminution of the alkalinity of the blood and the hyperacidity of the urine. The recognition of this circumstance enables us to take the proper means of combatting or preventing the physiological abnormalities resulting from the improper use of Sulfonal and its injurious action upon cell life. There can be no doubt but that

through the administration of alkalies the alkalinity of the blood can be maintained at its normal level, as is shown by the observations reported.

In two cases of hematorporphynuria caused by the improper use of Sulfonal Prof. Muller of Graz reduced the acidity of the urine by administering bicarbonate of soda for two weeks. The result of this alkaline treatment was that the blood coloring matter disappeared from the urine which regained its original light color. The disappearance of the coloring matter was coincident with the diminution of the urinary acidity.

The hematorporphynuria following the misuse of Sulfonal in a few cases is of significance in another way, for its occurrence is a sign that a profound effect upon the blood corpuscles has already taken place. Before this manifests itself, however, we observe regularly a condition of obstinate constipation and oliguria, and we are warranted in stating that without these accompanying appearances no formation of hematorporphyrin occurs. In consequence of their presence the sluices of the excretory channels are obstructed and the elimination of the remedy arrested.

In the administration of Sulfonal attention must be paid in the first place to the constipation and oliguria of which the hematorporphynuria is a sequel. What is said here with regard to Sulfonal applies as well to Trional. The dangers of the latter—even when employed continuously—are, indeed, much less marked owing to its greater solubility and rapid decomposition. Notwithstanding this, it seems proper to relieve a com-

mening constipation which might prevent elimination of the drug.

In view of these considerations the following conclusions are warranted :

In cases which owing to the misuse of the remedy hematorporphynuria already exists as indicated by the discoloration of the urine, care should be taken first of all to secure regular evacuation of the bowels by appropriate remedies. Carbonated waters should then be given in large quantities, at least two bottles daily, together with bicarbonate of soda in doses of 4 .0 to 6 .0 Gm. pro die, until the urine has again assumed its normal color.

To prevent the development of hematorporphynuria, however, and guard against all other after-effects of Trional, the following method of administration should be adopted :

1. Trional should never be administered in doses exceeding 2 .0 Gm. In all cases where the insomnia is not due to pains sleep of six to eight hours duration is usually obtained from doses of 1 .5 Gm. In neurasthenic sleeplessness the administration of 1 .0 Gm. is ordinarily sufficient to produce sleep.

2. Trional should never be taken in the dry state or followed by a drink of cold water, but simultaneously with its administration a large quantity of fluid as warm as possible (about a cupful) should be given, as for example, soups, tea, etc. Absorption of Trional is thereby facilitated and a prompt effect secured.

3. During the employment of Trional it should occasionally be discontinued. No practical physician will

administer a hypnotic for weeks, or, as appears from the literature, for a number of months.

4. To guard against any possible accumulation of unabsorbed Trional, accelerate its elimination, and thereby prevent reduction of the alkalinity of the blood, some carbonated mineral water (Seltzer's Appolinaris) should be prescribed during its period of administration; it is also advisable to give at the same time some salt of citric or tartaric acid. The vegetable acids are converted to carbonates in the organism and then increase the alkaliscence of the blood.

5. If in spite of these precautions constipation occurs, it should be promptly relieved by Seidlitz powders, or similar laxatives.

I have presented here those measures which are requisite to prevent any after-effects from Trional.

The question finally comes up as to which of the two disulfones should be awarded the preference as regards therapeutic utility, and in respect to this point, my conclusions, which are based upon the physical properties and manner of action of these hypnotics, are as follows:

The inferior solubility of Sulfonal renders its decomposition more difficult and therefore an accumulation of unabsorbed salt more readily occurs. That its decomposition is less rapidly effected is shown by the comparatively late development of the hypnotic action of Sulfonal, while the accumulation of the unabsorbed drug manifests itself through the postponement of its effects and the well known sequelæ. On the other hand Trional is more soluble, both on account of its physical characters (fine light tablets) and the more rapid disin-

tegration of its molecule; in consequence of this, Trional has a more prompt and rapid action. After its administration sleep not infrequently ensues at the end of fifteen, or even ten minutes. The elimination of Trional is proportionate to its decomposition and hence cumulative effects less often occur than with Sulfonal. For all these reasons, the practitioner in making his choice between the two hypnotics will undoubtedly prefer Trional.

It would be a pity if Trional in consequence of a faulty manner of administration should be discredited, for I repeat that it is one of the best hypnotics of the present time, and because of its prompt actions and freedom from sequelæ is decidedly superior to Sulfonal. — *Therapeutische Monatshefte*, November 1894.

Seminal Emissions.—Potassium bromide, the popular remedy, is often unsatisfactory; sometimes it even aggravates the condition, perhaps deepens the despondency that commonly accompanies this condition. A number of physicians have given up the alkaline bromides, preferring Hyoscine, administering one-two-hundredth of a grain at bed-time. The effect is nearly always favorable, and frequently affords permanent relief. If Hyoscyamine is employed instead of Hyoscine, it is important to stop short of the point where the physiologic effect of the drug is manifested. One advantage is, either Hyoscine or Hyoscyamine properly administered can be continued for months without appreciable ill effects.—*Philadelphia Polyclinic*.

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Medical Societies.

This is a day of progress. The merchant, the mechanic, the farmer, and men who are awake in all avocations, and on the alert, studiously and energetically putting forth every effort possible for the accomplishment of the best methods in reaching the greatest degree of success; hence we see these men following their chosen avocation, organizing in order that they may advise and devise such means as will be mutually helpful in carrying on their business. Every city of any importance has its board or boards of trade, and by and through this medium the business interest is built up, and many new enterprises are brought into successful operation. As it is with the merchant, the mechanic, and the farmer, so it is with the professions. The ministers have their associations, the lawyers have their conventions, and of the above-mentioned professions it is the men who are abreast with the times that

compose the membership of these associations and conventions. As with other men in their pursuits, so it must be with the physician. This is a day when the leading physicians in every country, in every state, in every county and town, are members of a society, willing to receive information which may be given, and to give any experience which may be helpful to his medical brethren. That there are men in every community—otherwise good men, and fairly good practitioners of medicine—who withhold that support from the medical societies, and will not co-operate in the medical organizations, is a fact to be regretted. No physician who isolates himself, and will not co-operate in the work and take advantage of the opportunities which are offered in medical societies, cannot hope to achieve any great degree of success for himself, or for others. Let us look at the doctor in an unprejudiced light who is so wanting in appreciation of that fraternal spirit which distinguishes, and should characterize the true physician, and see if we can reach a conclusion as to the inevitable result of his professional career. Can any physician hope to satisfy his conscience in the great work of the medical profession by refusing to co-operate in all of its work? It is unnecessary for us to answer this question in the negative. The doctor is compelled to become a back number, to rest upon his prejudices, console himself in his personal selfishness, and allow a growth of prejudice which experience has taught is the usual result of every man who is so egotistic and self-important as to believe that he is too wise and too great to be a member of a medical society.

In Alabama, there is a medical society in every county, and no honest physician for a moment can question the good which has been accomplished in these societies for the medical profession of the State. It has not only been a means of elevating the medical profession of the State, and bringing the physicians into more fraternal relations, but it has been the means of stimulating and bringing into active work hundreds of doctors in the State who, had it not been for the medical societies, could have done little for themselves or for the profession ; and let us hope that the young physicians who are just entering the profession will continue to join these societies, and become active and efficient workers in the interest of the profession, and for the good of the people. And it is to be hoped that the few doctors in our own State, who are not taking an active interest in their county society, will change their position, and lay aside any barrier which may exist—if there should be any—and come into their county society, if not to be benefited themselves, to help others.

It is perhaps right that we should say, just here in the conclusion of this article, that in order to gain access into any of the leading societies of the United States, it is well for every physician to bear in mind that he *MUST* be a member in *good standing* in his State or county society ; and we hope that every doctor in Alabama has the professional patriotism and professional spirit of enterprise sufficient to induce him to have a desire to achieve some degree of success in this work.

Here is a Pointer.

There has been a howl going up all over this country about Medical Colleges, longer terms, higher education, the country being filled with incompetent doctors, etc., (and in this dialogue we admit we have taken some part,) and with the above there is a class of despondent physicians who have spent much time and money in acquiring a medical education, who are reaching the conclusion that it is useless to fret and worry a life away in a profession which has in it such a complex mixture, and so to said class very little inducement is offered for the future. These barriers confront day by day the average doctor, and he considers seriously what is to be the result of the future.

But the pointer. The inducements and the encouragement which is being extended to the good women of the country to enter the medical profession, is a more serious problem for serious meditation to the despondent follower of Æsculapius, than perhaps any which has been called attention to, and perhaps will be the problem for the medical profession in the future. We, however, with our appreciation for our American women, are a little desirous to be understood. We honor them in their superior sphere, and we give place to no man in our respect and consideration for them in a sphere which leads to their independence and their higher and more exalted position as ideal American women. But seriously, we do not believe that they should be induced to enter the active practice of medicine. Is it possible that the women are being led into

the belief that they can succeed where the opposite sex has failed? Is it to be presumed that the women have been induced to believe that they can enter a profession which is so much crowded, and acquire an independence in a profession where so many have failed, and so little inducement is offered of financial remuneration? Are we to believe, with those who advocate and encourage the women to enter the medical profession, that they are serious in their belief that the women are in every way suited to this complex work? Are we to believe that the women are equal to, or will be equal to, the arduous and unceasing labors and requirements which must necessarily be put forth in order to achieve reasonable success? But we desist from an extended discussion of this question. Laying aside the many reasons which we have, and which lead us to conclude that the women should not be induced to enter the medical profession, we wish to call attention to the fact that, if the present inducements and encouragements which are being given the women of this country to enter the medical profession is continued from year to year, we look with discouraging anticipation to the future, when we will have, not only these good women filling the field, and becoming competitors in the medical profession, but they will soon begin to assert their right to a place in all our medical societies and associations, and will demand recognition, and the conflict come. Woman's rights will prevail, and here is "the pointer." Let our intelligent women of America be correctly informed on the question, and they will not enter the medical profession.

Medical Colleges.

As will be seen by reference to our advertising pages, we have a number of first class medical college announcements in this issue of THE AGE. There is a good number of young men in Alabama who expect to enter college this fall, and they will do well to investigate the advantages and facilities offered by the colleges advertised in our pages.

VANDERBILT UNIVERSITY.—This splendid school has just completed a magnificent college building. It is richly endowed, and has all the necessary apparatus for teaching in every department of medicine. The faculty is made up of the very best medical men, and a student will be fortunate who secures a diploma from this university. Nashville is one of the most important medical centers of the Southern States, and the inducements for medical students to secure a first class medical education can be surpassed in no other city, and there is no college which will more completely fill the requirements than the Vanderbilt University.

BIRMINGHAM MEDICAL COLLEGE.—This institution begins its second session October 1st, 1895. This school promises to be one of the best in the South, and the faculty will do their full duty in properly instructing the students who may attend this school. Birmingham is, perhaps, the most important city in the State, and is destined to be one of the most important in the Southern States. The activity which the town has recently taken on will encourage every enterprise in the

city, and will stimulate all her people to greater effort. The faculty of the Birmingham Medical College will be found in the front, keeping abreast with every upward tendency. It is the policy of this school to have the work done as thorough and as completely as at any institution in the country. It will require the attendance of three full courses of seven months each in order to be eligible to apply for graduation. For further information write Dr. W. H. Johnston, the Dean, who will take special pleasure in giving any information with reference to the college.

THE TULANE UNIVERSITY OF NEW ORLEANS, LOUISIANA.—This school is one of the oldest and most favorably known medical colleges in this country, and it is one of the Southern schools to which we take pleasure in asking the especial attention of medical students before they decide to go elsewhere. This school has a superior faculty, with superior clinical advantages, and offers many unsurpassed advantages to medical students.

THE SOUTHERN MEDICAL COLLEGE.—Step by step this splendid school has come to be acknowledged as one of the leading medical colleges. This school was one of the first to adopt the three years graded course, and will continue to be in the lead in advocating a higher standard for graduation. It has all of the facilities and advantages necessary to give medical students first class instructions. Address Dr. Perrin Nicolson, Dean, Atlanta, Ga.

UNIVERSITY OF MARYLAND.—Baltimore has long since been recognized as one of the medical centers of this country. With its magnificent medical colleges and splendid faculties, with its large and commodious hospitals, with its unsurpassed clinical advantages, Baltimore offers to medical students many inducements. Prominent, and perhaps the most conspicuously meritorious of all the medical schools in that city, is the University of Maryland, and we call special attention to page announcement in this issue of *THE AGE*, and for further information with reference to attending the school, address the Dean, Dr. Michael.

CHATTANOOGA MEDICAL COLLEGE.—Only a few years ago the Medical College of Chattanooga was organized, and it cannot but be gratifying to the friends of this institution that its success has been far beyond that which the most sanguine of its friends anticipated. The class from year to year has increased until it has reached an average the equal of the best schools in the country. With its splendid faculty, and all the equipments for a first class school, the students who attend one course become friends of the college, and with their influence, and the good sense shown by the management, who in the earlier days of the college recognized the importance of medical journals as being the legitimate medium by which to reach the doctors and medical students, and have not hesitated to use this medium nor to pay liberally for same, this splendid school will prove a brilliant success in the future, as it has in the past.

THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.—This is one of the oldest and most highly appreciated schools in this country, and many of the leading doctors of the South hold diplomas from it. See announcement in this issue of *THE AGE*.

THE KENTUCKY SCHOOL OF MEDICINE AND HOSPITAL.—This school is one of the popular institutions of Louisville, and while many hundred students attend the different colleges of Louisville annually, the Kentucky School has the largest attendance of any school in the city. Dr. W. H. Wathen, the Dean, is one among the popular physicians of the South, and he has been mainly instrumental in making this school a decided success. He will be glad to confer with any young men who may wish to attend a medical college.

THE NEW YORK POLYCLINIC.—This popular institution, which so many of our Southern physicians have attended, is still increasing in usefulness and importance, and on account of the many advantages which it offers, the doctors of the South will continue to go to the New York Polyclinic for post graduate instructions. Our personal friend, and the distinguished physician, Dr. Jno. A. Wyeth, a native Alabamian, is professor of surgery in this school, and will always be glad to do what he can to advance the interest of the doctors from the South who may attend this college.

THE COLLEGE OF PHYSICIANS AND SURGEONS.—In the catalogue of the very best medical colleges this

school is entitled to a position at the head of the list. With its new buildings, hospitals and clinical advantages, with a superior faculty for giving instructions, students desirous of obtaining the very best advantages for a medical education can find no better than can be had at this college. For further information in reference to the college, address Dr. Thos. Opie, Baltimore, Md. He will be pleased to furnish you catalogue, or personal letter in order to acquaint you with the advantages to be had at this college.

THE MEDICAL COLLEGE OF ALABAMA.—In the beautiful historic City on the Bay, the home of many of the physicians of Alabama and the South, who have distinguished themselves in their chosen profession, a city whose people are so well known for their culture, refinement, and their enterprise; a city, situated as it is, in a climate during the winter which can not be surpassed in the world—in this City of Mobile, with its splendid railroad and boat facilities, with its forty thousand inhabitants, with her splendid schools, magnificent churches, and palatial homes, is the location of the Medical College of Alabama.

The record which this school has made during its long and successful career is sufficient evidence of its merit as a magnificent college, and of its future success. Medical students are requested to examine the page announcement in this issue of *THE AGE*, and for further information address Dr. Geo. A. Ketchum, Dean, Mobile, Alabama,

Selections.

What People Will Eat a Century Hence.—

According to Professor Berthelot, the distinguished French chemist, the time may be approaching when the farmer will go out of business, and bread and beef and milk, or their equivalents, will be produced artificially in the laboratory of the chemist. It is true that we have not yet got beyond the first steps in the process, but, according to Professor Berthelot, who is entitled to speak with authority, these first steps are a guarantee of extended triumphs in the same field.

The Professor, as reported by Henry J. W. Dam, in *McClure's Magazine*, said that "new sources of mechanical energy would largely replace the present use of coal and that a great proportion of our staple foods which we now obtain by natural growth would be manufactured direct, through the advance of synthetic chemistry, from their constituent elements, carbon, hydrogen, oxygen and nitrogen." He continued: "I not only believe this, but I am unable to doubt it. The tendency of our present progress is along an easily discerned line, and can lead to only one end. I do not say that we shall give you artificial beefsteaks at once, nor do I say that we shall ever give you the beefsteak as we now obtain and cook it. We shall give you the same identical food, however, chemically, digestively and nutritively speaking. Its form will differ, because it will probably be a tablet. But it will be a tablet of any color and shape that is desired, and will, I think, entirely satisfy the epicurean senses of the future; for you must remember that the beefsteak of to-day is not the most perfect of pictures either in color or composition. There is a distinction which I would like to make

at this point between the laboratory stage and the commercial stage of any given discovery in food-making. From the scientific point of view, the laboratory result is the important one. As you and all the world know, the commercial result follows inevitably in time. Once science has declared that a desired end is attainable, the genius of invention fastens upon the problem, and the commercial production of the result slowly attains perfection by gradually improved processes at less and less cost. Take aluminum, for instance. Once a very expensive metal, its steadily decreased cost in production is bringing it within the reach of all. The use of sugar is universal. Sugars have recently been made in the laboratory. Commerce has now taken up the question, and I see that an invention has recently been patented by which sugar is to be made upon a commercial scale from two gasses, at something like one cent per pound. As to whether or not the gentlemen who own the process can do what the inventor claims, is neither my province nor my desire to express an opinion."

The Professor here cited as an instance of laboratory products, the dye stuff alizarin, the coloring principle of madder, which was formerly a great agricultural industry, but which is now almost wholly supplanted by the artificial product from coal tar. The chemists, he said, have succeeded also in making indigo direct from its elements, and artificial indigo will soon be a commercial product. "Tea and coffee could now be made artificially if the necessity should arise, or if the commercial opportunity, through the necessary supplementary mechanical inventions had been reached. The essential principle of both tea and coffee is the same. The difference of name between them and caffein has arisen from the sources from which they were obtained. They are chemically identical in constitution, and their es-

sence has often been made synthetically. The penultimate stage in the synthesis is theo-bromine, the essential principle of cocoa. Thus, you see, synthetic chemistry is getting ready to furnish from its laboratories the three great non-alcoholic beverages in general use. And what is true of food substances is equally applicable to all other organic substances."

As regards tobacco the Professor said: "The essential principle of tobacco is nicotine. We have obtained pure nicotine, whose chemical constitution is perfectly understood, by treating salomin, a natural glucose, with hydrogen. Synthetic chemistry has not made nicotine directly as yet, but it has very nearly reached it, and the laboratory manufacture of nicotine may be expected at any moment. * * * The tobacco leaf is simply so much dried vegetable matter in which nicotine is naturally stored. * * * Perhaps the greatest importance, and certainly the profoundest charm in the study of synthetic chemistry is the certain evidence which it offers of the discovery and manufacture of many compounds now entirely unknown, whose effect upon human health, human life and human happiness no one can possibly conjecture."

As regards the future supply of heat, which is no less important than that of food supply, Professor Berthelot speaks confidently of improved appliances enabling man to make use of the illimitable supply of the earth's central heat. In conclusion the Professor says: "If one chooses to base dreams, prophetic fancies, upon the facts of the present, one may dream of alterations in the present condition of human life so great as to be beyond our contemporary conception. One can foresee the disappearance of the beasts from our fields, because horses will no longer be used for traction nor cattle for food. The countless acres now given over to

growing grain and producing vines will be agricultural antiquities, which will have passed out of the memory of men. The equal distribution of natural food materials will have done away with protectionism, with custom houses, with national frontiers kept wet with human blood. Men will have grown too wise for war, and war's necessity will have ceased to be. The air will be filled with ærial motors flying by forces borrowed from chemistry. Distances will diminish, and the distinction between fertile and non-fertile regions, from the causes named, will largely have passed away. It may even transpire that deserts now uninhabited may be made to blossom, and be sought after as great seats of population in preference to the alluvial plains and rich valleys."—*Scientific American*.

Movable Kidney.—The author, Johnson, of Richmond, Va. (*Annals of Surgery*), reports seventeen cases of movable kidney, treated by operation. All of the cases recovered, and nearly all were traced to final results.

In no case was relapse noted, and marked improvement in general health was observed in most of the cases.

The technique employed was, in brief, as follows :

An external incision, begining half an inch below the twelfth rib and extending downward and outward nearly to the crest of the ilium. The kidney is placed as nearly as possible in its normal position. The capsule is cut through and the edges reflected. A medium-sized suture is then passed through the substance of the kidney itself, and the deep portions of the cut abdominal walls, but not ligated until later. The edges of the capsule are then sutured with fine silk to the deeper parts of the wound. The first and larger suture is then tried. The upper part of the external wound is then closed and the lower part packed with gauze. The patients, as a rule, are kept in bed four weeks.—*Exchange*.

Bicycling for Women.—In the *Boston Medical and Surgical Journal*, for June 13th, Dr. Charles W. Townsend has an article on this subject, in which he states that he sent a list of questions to eighteen women physicians in Boston, and throughout the State, in regard to the value of bicycling for women. The replies, he says, seem to him to cover the field of bicycling for women very satisfactorily, showing that the bicycle is of great value to the average woman—even to the woman with various forms of uterine disease. They also show that the bicycle, when improperly used, may do harm.

Outdoor exercise, he says, is of great value to every one, and women, as a class, suffer greatly from the lack of it. Another thing from which women suffer is too heavy and too tight clothing. Both of these ills the average woman is entirely unconscious of, and will deny the need of more exercise on the one hand, or the existence of heavy and tight clothing on the other. No amount of dress-reform preaching, or of calisthenic exercises, will remedy these evils, or awaken the woman to a knowledge of the possibilities of the enjoyment of life. This is what the bicycle is doing, and is destined to do in the future.

The bicycle provides not only an agreeable method of exercise in the open air, but also demands a comfortable, loose, and light costume. Whether it will change woman's dress so far as to discard the skirt and substitute the divided garment or loose knickerbockers remains to be seen.

Patients who have substituted the comfortable loose health waists for corsets while they were riding, have found that corsets were unnecessary for their every-day dress, and decidedly uncomfortable.

In talking with several ladies' tailors on this subject,

the author has found that short corsets, which do not press on the abdomen, are used, and that, while some cling to the regulation corset, many are using waists simply.

Like all forms of exercise, the bicycle, he says, can do harm by excessive use. Too great speed, or too long rides, are exhausting, and may injure some delicate point. The exercise is so agreeable and inspiring that there is more danger of excess than in many outdoor sports, especially if a spirit of ambition and rivalry is allowed. The long rides on time—even "century" runs are indulged in by women—accomplish no useful purpose, and often result in great harm.

Another danger to be avoided is the strain from riding up steep hills, a case where ambition often compels the rider to persist after the effort becomes too great. A good rule is to dismount and walk up every hill where the effort of riding is at all irksome. The change of exercise is restful and beneficial.

Another evil, says Dr. Townsend, one which fortunately is rarely found among women riders, but is all too common among men, is the stooping posture with bent back and head thrust out awkwardly like a tortoise. This is the position of the racer on the race-course. For ordinary riding, it is entirely unnecessary and very harmful, contracting the chest and bowing the back, besides preventing the rider from enjoying the scenery. The class of riders who sit in this way, however, do not care for the scenery. By raising or lowering the handle bars or seat, both of which are adjustable, any road bicycle may be so arranged that the rider is compelled to sit erect. This matter is often not understood by parents, who think that the bicycle is so constructed as to require a bent posture. There is no more need to condemn bicycling

on this account than there is to condemn horse-back riding on account of the position of the jockey in racing.

The saddle, in addition, allows of considerable adjustment of tilting, and should be so arranged as to avoid pressure in the pudendal region. This danger has by some been much over-estimated, and can be avoided. The stooping posture, as well as a faulty position of the saddle, tends to bring pressure in this region.

The delightful nature of the exercise is of the greatest value. To most women gymnasium work is a bore, and so, often, is walking with no object in view except the exercise. Both of these forms of exercise, when prescribed by the physician, often accomplish but little, as the patient is not taken away from herself.

Not so with the bicycle, which breaks up morbid trains of thought, takes the patient away from herself, and in that way benefits every nervous or functional complaint. It is, moreover, an exercise which develops self-reliance, a virtue much needed by this class of patients.

Dr. Townsend thinks that bicycling is beneficial to women, not from any special effect on the pelvic organs, but because it is an agreeable, healthful form of exercise in the open air, a form which exercises the whole body, and indirectly benefits special conditions. And the converse of this holds true, that as a general exercise bicycling is not hurtful to the pelvic organs, even when these are affected, unless the disease is so acute that any exercise as great as this is contra-indicated.

In the same journal, Dr. James R. Chadwick publishes an article entitled "Bicycle Saddles for Women," in which he remarks that he finds no serious attempt has as yet been made to produce a saddle that shall be adapted to a woman's anatomy.

The bicycle saddle for men, he says, seems to have

been modeled upon the saddle that was found suitable for men riding upon a horse, being merely reduced in most of its dimensions. This has answered most of the requirements, though often found to strike against the prostate gland or the pubic arch. When women began to ride, they were given the same saddle, regardless of the fact that behind the pubic bone are the external genital organs so prominent as inevitably to rest upon the anterior projection of the saddle. The result has been that women have generally had great difficulty in having the saddle so adjusted as to be rendered comfortable—in other words, to avoid pressing unduly upon the vulva.

His inquiries have not enabled him to form definite conclusions, but have made evident the fact that the saddles in most use require many adjustments to be comfortable to the generality of female riders; that some of the saddles are absolutely unfitted for the use of women; and that the teachers have no definite ideas by which they can adapt the saddle to the use of women.

A woman's pelvis is broader than a man's, and the tuberosities of the ischia are farther apart in women than in men, consequently the width of the rear portion of the seat needs to be greater. No such provision has been made. This is a matter, however, easily corrected when attention is called to it. The anterior projection of the saddle must be tilted downward so that it will not strike against the vulva. This, however, requires the most delicate adjustment, for if the saddle is tilted too far the slope of the seat causes the rider to slide forward so as to rest almost entirely upon the anterior projection, and so defeat the object of tilting. Again, the seat may be shifted backward and forward upon the frame without tilting. When shifted backward, the action of the leg upon the treadle tends to push the

body backward, and thus to insure that the ischia shall rest upon the saddle ; but in this position the muscular action of the legs is less effective, which renders the work of propulsion greater.

From the foregoing, says Dr. Chadwick, it is evident that the adjustment of the present form of saddle to women is attended with great difficulty. It seems to him that the anterior projection of the present saddle should be dispensed with if possible. The problem is, whether without the anterior projection the seat of the rider would be sufficiently secure. The trouble is, that when the leg is straightened and the treadle is at the lower point of its circuit, the thickness of the thigh tends, by pressure on the anterior margin of an oval saddle, either to lift the tuberosities of the ischia from the saddle or to drag them forward, so that after a jolt they will not descend upon their proper place, and a secure seat will thereby be lost, or the skin is chafed at the junction of the thigh and the ischiadic region. The feasibility of such a saddle as this, says the author, can be determined only by experiment, and this should be done before women are generally allowed to ride.

Dr. Chadwick thinks that bicycling is a most desirable form of recreation and exercise for women, and his purpose in bringing the subject up for discussion is to stimulate the inventive minds of its advocates to devise a saddle which shall not inflict local injury or discomfort upon women riders.

Clergymen of Letters, and What They Know of Medicine.—In a recent article by Zangwill he relates a fable with a moral : “ A pretty grey Mouse was in the habit of sauntering from its hole every evening to pick up the crumbs in the dining-room. ‘ What a pretty Mouse ! ’ said the Householder, and

made more crumbs for Mousie to eat. So great a Banquet was thus spread that the noble-hearted little Mouse cheeped the news to its sisters and its cousins and its aunts, and they all came every evening in the Train of its Tail to regale themselves on the remains of the Repast. 'Dear, dear!' cried the Householder in despair, 'the House is over-run with a plague of vermin!' And he mixed Poison with the crumbs, and the poor little Pioneer Mouse perished in contortions of agony." *Moral*: Don't.

Several Episcopal clergymen, along with some Baptist brethren, a few eminent (?) Methodist divines with *tails* to their names, and a Congregational whose *tail* has not yet sprouted, one day crawled out of their theological hole and partook of the feast spread for them by a certain patent remedy. And having tasted of this great health-giving restorative, their magnanimous and unctuous souls swelled within themselves, and they desired to let others know. Some of them with the *tail* Dangling Downward, others with it Drawn Closely 'Longside of them, and yet others with it Lying Loosely Behind, sauntered forth and proclaimed to the suffering thousands what a healer they had found.

As to this particular instance, we have nothing to say, but how often have we seen the Eminent (?) Divine stand on the public platform and denounce the liquor traffic, the rum-seller, yes, and even the physician who has used, perhaps, the only remedy that will keep life in a dying body. And have we not known him on his way home to call on some convalescent parishioner and advise him to take some *nostrum*—"It did *me* so much good when I was just like you"—little knowing that its chief and perhaps its only value depends upon the large per centage of alcohol that it contains. *Moral*: Don't.—*Ontario Medical Journal*.

Editorial and Miscellaneous Notes.

THE advertisements in this issue of the AGE are of special interest to our readers.

DR. JEFF. DAVIS, of Montevallo, was in Anniston a few days ago and called to see us. The doctor is a genial, good fellow, socially, and a successful practitioner of medicine.

DR. WOLFF, of Atlanta, Ga., has bought the *Southern Medical Record*, and becomes the editor of this splendid journal. We wish the doctor a "big scope" of success in his journalistic work.

DR. M. CORYELL states: "I am a firm believer in the use of 'Dioiburnia,' and constantly prescribe same in my practice. It is the best preparation for what it is intended that I have any knowledge of."

DR. BROOKS R. HAMILTON writes: "I find 'Neuro-sine' to be the most potent and effective remedy, of its kind, of any in use, with which I am familiar. It is complete, and is all, in fact, that you claim for it, and I don't know but more. I now prescribe it very often."

THE management of the AGE is greatly encouraged. During the past two or three months it has been impossible for us to fill the orders for extra copies. We will soon begin to increase the number of copies published, and hope to be able to furnish every doctor with a copy who may wish to have it.

DR. T. O. SUMMERS, of New York, who furnished a most excellent article for the AGE last month, will move to St. Louis, Mo., and will have editorial charge

of that most excellent journal, *The St. Louis Clinique*. The doctor is well known in Alabama, having begun his medical career in Tuscaloosa, where he did much valuable work in aiding in the organization of the State Medical Association.

The Hall Capsule Co., Cincinnati, O.:.

DEAR SIRs—In regard to the "Vaginal Capsules" received, I take pleasure in stating that for comfort, convenience of application, cleanliness and practical utility, I consider them superior to any means yet devised for the topical treatment of vaginal and uterine diseases. I can heartily recommend them to the profession. Yours, J. ARTHUR BULLARD, M. D.,
Wilkesbarre, Pa.

THE advocates of pepsin in therapeutics often claim that better clinical results follow the simultaneous administration of pepsin and pancreatin than of either ferment singly, and while in test tube experiments pepsin exerts its solvent action on albuminous matter only when an acid medium and becomes inert in the presence of an alkali, and pancreatin on the other hand acts as an emulsifier only in an alkaline medium, yet, the fact remains that in actual experience the use of a combination of pepsin and pancreatin in the human economy often relieves the most marked symptoms of gastrointestinal indigestion. Call it empiricism if you will and explain it if you can—the fact remains. One of the nicest preparations of this kind is S. & D.'s Pan-Peptic Elixir. It is advertised elsewhere in this issue. It is highly recommended in the treatment of summer diarrhoea of children. Write to S. & D. for a sample and please mention the ALABAMA MEDICAL AND SURGICAL AGE. This enables our advertisers to learn the great value of our pages as a medium for the introduction of their remedies to the notice of our large body of progressive medical readers.

J. E. O'CONNOR, M. D., B. Ch., Leicester, England, says: "In a case of urethritis, accompanied by cervical cystitis and urethral synovitis, the administration of SANMETTO was attended with most satisfactory results. The drug appears to relieve the pain, reduce the irritation and produce healing and cessation of the mucopurulent discharge more speedily and efficaciously than any other remedy yet offered to the profession. In the case alluded to a marked improvement in the condition of the affected portion of the urinary tract was speedily followed by disappearance of the arthritic trouble. The patient had previously been treated with santal oil, salicylate of soda and acetate of potash."

DISTURBANCES OF INNERVATION.--Robert B. McCall, M. D., *Medical College of Ohio*, Cincinnati, now residing at Hamersville, Ohio, writes: "My confidence in antikamnia is so well established that I have only words of praise. Independently of other observers I have proved to my satisfaction its certain value as a promoter of parturition, whether typical, delayed or complicated, and its effectiveness in controlling the vomiting of pregnancy. In cases marked by unusual suffering in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forebodings, one or two doses, three to five grains each of antikamnia promptly changes all this.

"If there is a 'sleepy uterus' antikamnia and quinine awake every energy, muscular and nervous, and push labor to an early safe conclusion. Indeed, in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process.

"I have just finished treatment of an obstinate case of vomiting in pregnancy. A week ago the first dose

of antikamnia was given ; nervous excitement, mental worry and gastric intolerance rapidly yielded. This case was a typical one and the result is clearly attributable to the masterful influence of your preparation.

“If there is any one drug or preparation that can be made to answer every need of the physician, for the correction of the multitudinous disturbances of innervation that occur in the various diseases he is called upon to treat, that one is antikamnia.”

WE had occasion to announce in these columns some twelve months ago that Messrs. Armour & Company, of Chicago, were willing to supply, gratis, samples of Desiccated Thyroid Glands of the sheep to any physician who desired to experiment in that line of treatment. We understand that the offer was largely taken advantage of, and the knowledge of what we may call the “Thyroid therapy” has thereby been unquestionably advanced. It is our pleasure to announce that while Messrs. Armour & Company naturally value their time, and the material at their disposal, as highly as any one in similar circumstances would, still they are willing, in the interest of medical science, to prepare and supply to physicians desiring to experiment, samples of any other animal glands. They are manufacturing a very elegant preparation of Red Bone Marrow, and we would advise our readers to communicate with Messrs. Armour & Co., if they have any cases of pernicious anæmia under treatment. Armour’s Pepsin and Pancreatin have taken deservedly high rank, and this firm has in many ways given evidence of their intention and ability to make valuable additions to the *materia medica*. Armour’s chemist is a man of ability and reputation. The material is there, the facilities are there, and the brains are there, so that with the necessary staff and equipment, a laboratory located near the abattoir seems to be appropriate, and in keeping with the eternal fitness of things, and calculated to greatly promote research and improvement in the domain of physiological chemistry.

THE "BEST" TONIC—PABST MALT EXTRACT—(By W. R. D. Blackwood, M. D.)—During the to-be remembered Centennial year, I had, amongst other nice people, (to say nothing about the nasty ones), call upon me the representative of a firm making a malt extract. After letting him talk to what I thought was a fair amount, I interrupted his discourse by telling him that in my opinion no thin extract of malt was any good. He simply waited till I got through with my talk on the subject, and then asked me if I would not do him the favor of naming several hospitals which would be likely to accept some extract of malt with which to try its virtues. The next day he sent to the hospitals I named from two to a half dozen of cases, each containing two or three dozen bottles. He also sent me a lot, and I found it to be the very best malt extract which had ever come into my hands, and since then I have stuck to it. This "Best Malt" is known to the trade as



Willis P. King, M.D.

Ex-Vice-President Amer. Med. Ass'n

Has given to the Medical Profession
the best book ever written for their
leisure hours

Stories of a Country Doctor

IT'S 400 pages will hold your attention
from beginning to end, and the stories
you will never tire of repeating.

- "The book beats the world."—*Southern Clinic*
- "A sovereign remedy for the blues."—*The Country Doctor*
- "Buy the book and throw physic to the dogs."—*Medical Mirror*
- "One of the most sprightly books of the season."—*Kansas City Globe*
- "Full of side-splitting fun from beginning to end."—*Kansas City Journal*
- "As amusing reading as the writings of Mark Twain."—*Kan. City Med. Record*

Alabama Med. and Surg. Age one year and Stories of a Country Doctor, Two Dollars.

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(20)

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ELMORE COUNTY MEDICAL SOCIETY.

The Society met in the city of Wetumpka, June 25, Dr. N. B. Sewell in the chair.

The following members were present: Drs. Phillip Fitzpatrick, I. R. Nix, O. S. Justice, W. A. Warren, W. A. Huddleston, J. A. Howle, A. J. Garrett, S. R. Miller, N. B. Sewell, J. W. Sewell, and Jno. Derough.

Drs. Jones and Peterson, from the Coosa County Medical Society, were present.

Dr. I. R. Nix, of Deatsville, and Dr. J. A. Howle, of Wetumpka, each read interesting papers, which were discussed by members of the Society. Dr. Nix's paper was on pneumonia. The subject of Dr. Howle's paper was Typhus Fever.

Drs. Howle, Justice, Huddleston and Warren were appointed a committee to prepare suitable resolutions on all the physicians who have died in the county since the organization of the Society.

The Elmore County Medical Society and Board of Censors are making it warm for the illegal doctors in

the county. Mr. Baddy has appeared before the Board of Censors several times, claiming he had a right to a certificate for the reason that he was practicing before the organization of the Society. The board has refused to give him a certificate. He has employed an attorney and will begin proceedings against the board of the county, with the hope that he will be able to compel the board to grant him a certificate. The board not only refuses to grant a certificate, but have informed Mr. Baddy that they will prosecute him to the full extent of the law should he continue to practice without license.

The Elmore County Medical Society proposes to do its very best in protecting the people from these illegal doctors.

Drs. Jones and Peterson, of Coosa county, were invited to prepare papers to read at the next meeting of the Elmore County Medical Society.

Drs. Huddleston and Garrett were appointed to prepare papers for the October meeting of the Society.

By resolution, the Society thanked Drs. Howle and Nix for their excellent papers read to the meeting.

J. H. DEROUGH, Sec'y.

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The Alabama Medical ^{and} Surgical Age.

VOL. 7. AUGUST, 1895. No. 9.

Original Communications.

" UREMIA."

By E. T. CAMP, M. D.,

GADSDEN, ALA.

UREMIA, the subject of this paper, is not altogether a satisfactory term ; but I employ it, as others have done, because I know nothing better. I look upon the term as expressing certain conditions of the economy, in a similar manner as dropsy was once employed to express certain pathological conditions, which are now much better understood and more appropriately named. I think this will some day be the case with uremia ; we will learn its etymology and pathology more perfectly, and a more appropriate name will be given it. In other words, uremia is not a disease, but the seqle of some previous pathological condition.

I have nothing new or original to offer you on this subject ; what I shall have to say is second hand material. Although it is second hand, it has been handled but little by the rank and file of our profession, and even

the text books are not overladen with the subject, as some of our popular authors do not so much as mention it. This pathological condition was doubtless observed by the earliest writers in our art; of course they did not understand it as well as it is understood to-day, but evidently they were aware of the existence of such condition.

With good reason, you would naturally expect that I understand the subject I have undertaken to write upon; but, to be frank, I must confess that I do not understand it anything like I would like to; and, indeed, I do not think, from the literature I have been able to gather on the subject, that it is understood by even the most advanced thinkers. I feel quite safe in saying, that there is no other pathological condition of so frequent occurrence, as I believe this to be, that is so little understood by the masses of our profession. This is to be accounted for largely from the imperfect knowledge of urinalysis—a subject which, in my humble opinion, although much neglected, is a very prolific field for diagnostic purposes.

Some one has very appropriately said, that the urinary apparatus was to the animal economy what the sewer is to a city, the channel for conveying the effete material from the system. Appreciating this fact, one can very readily appreciate the value of urinalysis as an important factor as a means of diagnosis. To my mind, by a thorough knowledge of urinalysis more can be ascertained of what is going on in the animal economy than by any other one thing; it is the great window that admits light into the living animal laboratory.

There is no secretion or excretion that compares with urine from a diagnostic standpoint, and as diagnosis is the key-note to success in the practice of medicine, urinalysis should be more thoroughly understood by the profession, for it behooves us to equip ourselves with every available means for making correct diagnosis, for when this is accomplished the battle is more than half won.

I would not be understood to say, that every ill that flesh is heir to can be diagnosed by analyzing the urine, but I do say that no physician can afford to ignore its value ; and to discard it altogether, he who undertakes to do so is that sure to fail in his profession. This may seem strong language, but I think the position can be well sustained.

Before we can understand a pathological condition, we must first understand the physiological. I have taken the position that the urine is the most important excretion of the animal economy, and of this physiology teaches us that urine is the principal and most constant solid constituent, constituting about 50 per cent of the solids, hence it is a very important element.

The chemical element of urea are $C_2H_4N_2O_2$. It is deliquescent and very soluble in water and alcohol, but somewhat less so in ether. It is decomposed $212^\circ F.$, giving off ammonia. Urea exists, in the economy, most abundantly in the lymph chyle and blood, and smaller muscles, other tissues, and the liver.

There are two probable sources of origin of urea in the animal economy. Assuming that it is always first in the blood, and is not formed in the kidneys, as was

once supposed. One of these sources is the disassimilation of the nitrogenous constituents of the tissues, and the other is a transformation in the blood of an excess of the nitrogenized elements of food. In all probability it is derived from both sources; from the fact that it has been shown by various authorities that the food ingested influences the amount of urea excreted; nitrogenized substances yielding the largest amounts. Further on it will be shown that, in certain pathological conditions, it is due to a metamorphosis of the nitrogenous constituents of the tissues of the body.

Physiology teaches us, that there is an average of 3 grains to each pound body-weight in twenty-four hours in the male adult, on a mixed diet, with an ordinary amount of exercise. In the female, under the same conditions, it is $\frac{1}{2}$ grain less. Children from 3 to 7 years of age excrete, proportionally to their weight, about double the quantity of an adult. Infants at the breast excrete from 15 to 30 grains in twenty-four hours. In old age the quantity is considerably less than in adult life. While this is an average, the quantity will be found to vary considerably under various circumstances, and in many cases without any serious effect on the health of the individual.

It is the continual variation, either in excess or diminution, that produces evil consequences. Both are very detrimental to the health of their victims, but in quite different methods. In an excess of excretion of urea, the damage to the system is a direct drain on it, as it were, by the extraction of blood, and therefore deprives the economy of this much-needed nitrogenous element,

so essential to animal life. On the other hand, where urea has accumulated in the animal economy in sufficient quantities, a poison is set up in the system, and, if not prevented, proves fatal. This is the condition known as uremia. This may be a rapid or a slow process; in the former it is termed acute, and in the latter chronic uremia.

There are quite a number of diseases in which the amount of urea excreted varies. It is increased in the following: In all acute febrile affections, until the crisis of the particular disease is reached; in diabetes insipidus and diabetes melitus. In these diseases the increase is due to an increased disintegration of the nitrogenous elements of the economy. On the other hand, the amount of urea is decreased in all chronic diseases where the tissue metamorphosis is checked (this is what is known as chachexia); also, in parenchymatous nephritis, this is said to be one of the earliest symptoms of this disease; it becomes more marked toward the fatal end.

The variety of uremia that I wish to call your attention to is not either of the above varieties referred to. I must confess I do not understand the pathological condition of this disease; nor do I understand its etiology. It is not any parenchymatous change in the kidney, if we are to give any credit to literature on the pathology of diseases of the kidneys, for all authorities, so far as I am aware, are agreed, that when there is any disease of the parenchyma we have albumen as a constant symptom, whereas in this disease we have no albumen.

As previously stated, I do not understand the etiology of this disease. However, it is suggestive to my

mind, from what we are taught by physiology of the part urea plays in the animal economy, that it is due to no assimilation of nitrogenous substances taken into the economy as alimentation, and also to the disassimilation of the nitrogenous constituents of the body. In the former event the no-assimilation is probably due to some physiological change of the pancreas, or of the sympathetic system, or both. In the latter, it is probably due to some pathological change in the blood vessels, or some chemical change of the blood itself, which prevents the exosmosis of urea from the blood current; just what this change is I am not prepared to say. I do not believe it to be due to any pathological condition of the kidneys alone. There is, in my humble opinion, a broad field for investigation as to the etiology of this disease; and, if its true etiology should be determined, would be of much value in throwing light on this subject, which heretofore has been so little understood.

It is claimed by some that urea when retained in the system is converted into carbonate of ammonia, and that this condition is ammoniama and not uremia. This, however, has not been proven, but it is a fact well established that urea when retained in the stomach and intestines is converted into carbonate of ammonia, but this is not the case when retained in the blood. Others claim that uremia is not due alone to the retention of urea alone in the blood, but to other excrementitious materials, such as potash, uric acid, cretine, etc. The question is yet unsettled, but this last hypothesis is a feasible one.

The most prominent symptom of this disease is

headache, loss of appetite, in some cases nausea and vomiting, diarrhoea, stupor, pain in different parts of the body. The first thing a physician is consulted for is usually headache, which varies in character, sometimes neuralgic, at others of a dull heavy character. The pains in other parts of the body are usually of a rheumatic character.

In the incipency of the disease, as a rule, there is loss of appetite, later there is nausea, and still later vomiting. The pain in different parts of the body varies, sometimes very acute, of a rheumatic character, at others of a dull aching character.

Stupor is a prominent symptom and denotes progress of the disease. It becomes profound towards the fatal end.

Usually there is no thirst, and in the latter stages it is difficult to get patient to take water at all. The breath and perspiration have a urine odor, in the latter stages this becomes very marked. The mucous membrane of the mouth is of a dusky red color, the gums swollen, and bleed from slight causes. They resemble ptialism very much. This condition, when mercury has not been given, is pathognomic of the disease. In some cases there is slight paresis, usually of the extremities.

The mind is usually clear until near the fatal end, when it becomes impaired. Sometimes delirium and convulsions close the scene. The pulse has a peculiar character, it comes up with a very sudden bound, and goes down quick and soft; the interval between the beats is considerably lengthened. It is far below

normal in frequency, sometimes running as low as 40 per minute.

Naturally in this disease we would expect a diminution in the quantity of urine excreted. However, this is not invariably the case, but usually it is less than normal. The amount of urine excreted may be normal and still the patient be dying of uremia. Of course the amount of urea is diminished. The urine is usually acid, reaction highly colored and contains no albumen, and low S. P. G.

I can probably give a better idea of the disease by reporting some cases that have fallen into my hands:

Mr. M., age about 38 years; married; a keeper of a meat market; somewhat intemperate in his habits; has been subject to neuralgia and rheumatism. Had syphilis some ten years ago, but was thought to be cured of it. He was taken about January 1, 1892, with a severe headache of neuralgic character in the right temporal region; the pains would shift to different parts of the head, and sometimes to the nape of the neck. I diagnosed the case neuralgia, and treated it accordingly, which consisted of morphia, hypodermically, to relieve the pain, and quinine and iron as a tonic, with one or two mercurial purges; later sulphate magnesia was given to evacuate the bowels. For a short while there was some improvement, but from some imprudence on his part he grew worse again, the pain in the head returned more severe than before; also had pains in other parts of the body, particularly in the region of kidney. When not suffering with the pains, expressed himself as feeling fairly well and wanted to resume his busi-

ness. For the first two weeks of his illness his appetite was fairly good, but after this it became impaired and finally had none at all.

After he had run along for more than two weeks, and I saw his condition growing worse again, I began to study the case more closely, and finally I concluded that I had something more serious than ordinary neuralgia to contend with. By this time his mouth and gums had become very red and tender, also the mucous membrane of the nose; his breath was very offensive, having a urine odor, the excretions of the skin had the same odor; he was inclined to stupor only when he was suffering severe pains; his appetite began to fail; he had some nausea and would occasionally vomit. I finally decided he was suffering from uremia, and I changed the treatment accordingly. There was slight improvement for a while, when his condition grew worse. At this juncture consultation was had. I stated my diagnosis both at first and later. The consultant felt sure it was only neuralgia, and had no doubt that large doses of iron, 15 drops every 3 to 4 hours, with 18 to 20 grains of quinine in 24 hours, would soon put an end to the trouble. Also advised bromide and iodid of potash, with morphia, to relieve severe pains. This treatment was adopted, contrary to my judgment. The patient gradually grew worse, the coma became more intense, and the pain more severe when from under the influence of the morphia. Some week or more had elapsed when the same consultant was called again. When he saw the patient's condition was considerably worse, he finally partially agreed that possibly I was correct in

my diagnosis. I placed the patient back on the treatment for uremia, which consisted of 20-grain doses of sodium brom. with 10 grains of benzoate soda every 4 hours, with $\frac{1}{4}$ grain of pilocarpine hypodermically once in 24 hours to produce free diaphoresis; the bowels were operated on freely with sulph. magnesia about every second day. Under this treatment there was some slight temporary improvement.

When my attention was first directed to the urinary feature of the case, I found he was passing but little urine, only a few ounces in 24 hours. At that time I had no apparatus for estimating urea, but the S. P. G. was very low. Notwithstanding the quantity was small, there was but little uric acid; it was highly colored and had only a slight odor, and contained no albumen. Under the treatment above given the quantity of urine increased considerably, but the S. P. G. remained low. The quantity of urine was brought up to about normal, still there was no permanent improvement in the general condition. The coma continued to increase, until for the last five or six days before death it became profound. In addition to the treatment above given, the patient in the incipency was given antikamnia, antipyrine and phenacetine to control headache, but without any benefit. He was also nourished with beef extracts and peptonoids. He died about the forty-second day after the attack.

Case Second.—Mrs. L., a widow, age about 65 years. Previous to the present attack had always had remarkably good health, and was very stout for one of her age.

About February 25, 1892, she consulted me for pain

in region of kidneys and weakness of back. Soon after this she had headache of a dull character, also vertigo. I prescribed some of the usual remedies for her headache—antikamnia, I believe—but with little or no benefit. Later on, about March 7th, I saw the case again. The headache still continued, also the pain in region of kidneys and back. She was inclined to be stupid, appetite somewhat impaired, tongue coated, breath fetid. Having just gone through with the case just reported, I recognized at once the prominent symptoms of the previous case, and diagnosed uremia, and gave an unfavorable prognosis to the family. I had the urine collected passed in twenty-four hours; found it to be eight or ten ounces, with low S. P. G. At this time I still had no apparatus for estimating urea, so I could not be positive in my diagnosis, but felt confident I was correct. She had at times a very slight elevation of temperature, usually about $\frac{1}{2}$ deg., but this was not constant, as most of the time it was normal. The pains in the back continued, and in addition to this she had pains in other regions of the body, principally in the right lower and upper extremity. She was put on sodium bromide and sodium benzoate, as in former case, and ferri salicylata. The bowels were purged freely with sulph. magnesia, and free diaphoresis was produced by hypodermics of pilocarpine every few days. Under this treatment there was some temporary improvement. About April first I received an apparatus for estimating urea. The first examination, there was only 4 ounces of urine passed in 24 hours, containing 40 grains of urea. The second examination, 8 ounces in 24 hours and 127 grains

urea. Third examination, 15 ounces in 24 hours and 196 grains urea. Fourth examination, 25 ounces in 24 hours and 227 grains urea. These examinations were made about a week apart. Until May 11th I failed to keep dates of examination and to note S. P. G. At this date the 24 hours' amount was 31 ounces and 226 grains urea; reaction acid S. P. G. 1020. May 20th, 24 hours amount $38\frac{1}{2}$ ounces and 245 grains urea; S. P. G. 1010. May 27th, 24 hours, 15 ounces and 127 grains urea; S. P. G. 1028. June 1st, 24 hours, 35 ounces and 97 grains urea; S. P. G. 1014. June 6th, 24 hours, 10 ounces and 63 grains urea; S. P. G. 1022. June 10th, 24 hours, 12 ounces and 191 grains urea; S. P. G. 1022. Patient died June 12th. There was no albumen at any examination except the last one, two days before death. When there was an increase of urea all the symptoms were better and *vice versa*. For instance, on May 20th, when the 24 hours' amount of urea was 245 grains, the patient was able to be up and around the house, appetite was improved, headache disappeared, pain in back was considerably improved; in fact, every symptom was better. Again, on June 1st, when the 24 hours' amount had fallen to 97 grains, all the symptoms had become aggravated—headache worse, pain in back and hips was so intense she could scarcely turn herself, and that with considerable pain; the stupor was more intense, and for the last three or four days before death it was profound. This was an interesting case all the way through. It was an obvious fact that when the amount of urea was increased all the symptoms were better, and *vice versa*. There was another important

fact demonstrated in the case—for instance, on May 27th the 24 hours' amount of urine was $15\frac{1}{2}$ ounces, with 127 grains of urea, and on June 1st the 24 hours' amount was $35\frac{1}{2}$ ounces of urine, with only 97 grains urea. This shows clearly that you may have a normal amount of urine, and still your patient be dying of uremia. And, again, another important point in the case, it will be noticed in the record of urea that from June 6th to June 10th there was an increase of urea from 63 grains in 24 hours to 191 grains. During this time the patient was taking little or no nourishment, and less on the latter date than the former, it being only two days before death. This is accounted for on the theory that when death begins to approach metamorphosis of the nitrogenous elements of the tissues of the body takes place rapidly and more urea is excreted. Under these circumstances emaciation takes place very rapidly.

I failed to mention that about April 15th or 20th her appetite became very poor, in fact she could not be induced to take scarcely anything. I then placed her on Wyeth's extract of beef, wine and iron, when she began to improve in every particular. This argues that non-assimilation of nitrogenized substances is cause at least of the disease.

The treatment has already been outlined in detailing the two above cases.

The salts of sodium should be given freely, preferably the bromide and benzoate; the former in 20-grain doses and the latter in 10-grain every 4 to 6 hours. It is claimed that this neutralizes or decomposes the urea

that has accumulated in the system. Pilocarpine should be given in $\frac{1}{4}$ grain doses once to twice in 24 hours to produce free diaphoresis; also sulph. magnesia in sufficient quantities to produce free catharsis, both of which tend to eliminate the accumulated urea.

I believe iron to be indicated in most cases. The ordinary diuretics are of no advantage in this disease.

From a theoretical standpoint, I believe remedies directed to the digestive system are indicated, especially the third process of digestion. For this I would advise maltine, pepsin and pancreatine, especially the latter, as I believe the disease to be largely due to defects in this part of digestion and assimilation. Mercury should be given under very few if any circumstances. In addition to the medical treatment, diet is of paramount importance, but I must confess that I am not prepared to give you a satisfactory answer as to the proper diet in this disease, as the authorities I have had access to are silent on the subject.

From a theoretical standpoint, assuming that non-assimilation of nitrogenous food is a cause of the disease, albuminoid substances are contra-indicated. On the other hand, if it is due to a *want* of this class of food, and not to non-assimilation of it, of course this class of food would be indicated. However, this has never, to my knowledge, been proven to be a cause of the disease, and from the very nature of the disease it is hardly probable, and therefore non-nitrogenous food should be given. The pre-digested preparations I believe to be the most useful, as they are the more easily assimilated. The importance of this subject would

justify much more being said than has been, but this paper has already grown rather voluminous for an occasion like this, and I must content myself with a few remarks on the estimation of urea. Until recently the apparatus for estimating urea has been complicated, difficult to operate and expensive; hence but few of our profession have put themselves to the trouble and expense to equip themselves with an outfit of this kind, and, in fact, I think another reason is because the rank and file of the profession do not appreciate the value of urinalysis as a means of diagnosis; and second, the apparatus for estimating the amount of urea in urine until recently have been expensive and complicated. This, however, has been overcome. Apparatus that are easily operated and are sufficiently accurate for all practical purposes can be had at a trivial cost and no physician should be without one.

AS REGARDS the rectum as a seat of reflex, it can clearly be stated that much physical trouble is caused therefrom. Women who suffer from supposed ovarian or uterine pain, may have the cause for the same from a slight *proctitis*. Men who suffer pain in the bladder, prostate or urethra, may find an explanation for the condition in an inflamed hemorrhoid. Persons who suffer from diarrhoea, or supposed dysentery, or perhaps from obstinate constipation, may have their cases explained in the observance of a close and spasmodic condition of the sphincter muscle. Infants who cry out with pain and are dosed with paregoric, chalk mixture, etc., can often be relieved by the simple introduction of the finger into the rectum, thereby dissipating the slight fissure. To the contrary, many men who suffer with supposed rectal trouble can have relief by having a stricture in the urethra dilated.—*Matthew's Med. Quarterly*.

A MEDICAL MEDLEY.

BY SHELBY C. CARSON, M. D.,

BESSEMER, ALA.

Member of the Jefferson County Medical Society; Counsellor in the Medical Association of the State of Alabama.

A FRESH graduate of medicine, while in my office a short time since, with his chin upon his hands, and his face overshadowed with the exceeding gravity of his thoughts, remarked: "There are two momentous questions in life to be settled by every young man—the choice of a profession, and then the choice of a location." Immediately my mind traveled two decades into the past.

It is in the province of the *youthful* mind to look to the future; to pierce, if possible, the veil that shuts out from mortal ken the mysteries of "the great beyond," to eradicate from "coming events" every shadow of disappointment and ill, and giving free wings to sweet hope, to paint in roseate colors an unbroken progress to success. But when one has climbed the hill of life, when standing on this eminence he can throw the powerful search-light of experience upon the tortuous pathway, bringing to view not only the shady nooks, the rich fruits hanging ready to his grasp, but also the miry quicksands, the apples of Sodom turning to ashes upon his lips; when "memory like a tomb-searcher lifts the shroud o'er buried hopes," or lays bare in richest profusion all of God's bounteous gifts, *he* can read therefrom, as no other can, a lesson of import.

From this standpoint, as the result of a hasty retro-spection, I was ready to pronounce as thrice blessed the man who has the opportunity to *select* a location. Poverty selects many. It lays its puissant hand upon the noblest ambitions and loftiest aspirations of the youthful soul, and confines its yearnings. When the longing is for a higher and a more finished education, or having these, for a vantage ground where these talents can be the better appreciated, the gaunt form of poverty intervenes and says: "Here shall you abide 'til time and circumstances are more propitious." Sometimes the best years of a man's life are spent in battling with this uncanny giant.

A location, to be an ideal one, should possess at least men, money and culture. Any number of men without money would fail to give the necessary support, while both combined, without refinement and cultivation, would soon destroy the physician's manhood. Though deeply impressed with the importance of money—that it is a powerful incentive to labor and zeal, nay, that it is a fulcrum to lift him into a sphere where he can accomplish the more, both for himself and his neighbor—still, the true physician will never allow himself to see shining through any case the luminous glitter of gold. However, the capable man, the man who has the elements of success within him, who will do *well* whatsoever his hands findeth to do, who aims for a higher and nobler life, who seeks to lift himself and humanity nearer to the exalted image of his Creator—and who does not?—will always, sooner or later, find both the place and the means for his noble purposes.

Another thought is suggested by that quotation from the master of poets : "There is a tide in the affairs of men which, taken at the flood, leads on to fortune," and it is astounding how readily a man, perhaps of mediocrity in our profession—which is one pre-eminently of culture and learning—is hoisted into popular favor upon the flood of some fashionable foible ; who, by some opportune act, whether done purposely, or as aimlessly "as the lamps of sacrifice are launched at night upon the bosom of the river by the Indian women," suddenly awakes and finds himself famous ; not only so, "but when he reaches the top of the wave, every one calls his dirtiest pebbles fine pearls." There is a general proneness in all great questions of the day to rush from the well-beaten highways into unexplored and doubtful paths—a proneness especially in the medical world to leap at one bound from the hidden gulf of excessive timidity to the maelstrom of over-reaching temerity.

The writer well remembers how narrowly he escaped being crazed by that recently passed wave, ectopic gestation. It was nearly nine years ago, while in the seclusion of the "black belt." Spencer Wells and Lawson Tait across the ocean, and several of our eminent men both North and East were perfecting the technique of ovariectomy ; but as yet there was great sacredness attached to the peritoneum. Rarely did one have the hardihood to recommend an exploratory incision ; in fact, it was the same year in which Bull did his first successful laparotomy for gun shot. It was not so vividly impressed upon us then as now, that this unfortunate condition—extra-uterine impregnation—was comparatively

common. Tait had not then advanced his theory of tubal fecundation, though Cazeau, in his elaborate dissertation on conception, strongly hinted at the probability of either ovarian or tubal conception.

With these surroundings and impressions I was called to a robust negress, about 30 years of age, the mother of six children, in a condition approaching collapse—a very weak pulse, clammy perspiration, but still conscious of an intense cramping in the left ovarian region. She had failed to menstruate for the past two months. The uterus was enlarged, and there was an induration to the left of it. She was promptly relieved by an injection of morphine. After this her health was good. She made a regular laborer in the farm, and in due time felt motion. Some time after her term had expired I was consulted. She was the merest shadow of her former self. In fact, I was face to face with the most appalling picture of the destructive power of septicæmia that I ever witnessed. A glance told that she had only a few days to live ; but the family were so skeptical in regard to my explanation of the cause, viz., ectopic gestation, that I invited a friend to meet me in consultation. He pronounced it a malignant growth of the uterus. One week afterwards an autopsy disclosed a large, well-formed child in the abdominal cavity, lying in a quantity of pus, with the secundines already disintegrated. Had I seen this patient before the death of the child, I should surely have operated, and probably have saved both. There is a compensating afterthought even here, where this glorious opportunity has “gone glimmering among the things that were.” *Had*

the man and the occasion met, *had* the surgical resources now so lauded—and that deservedly—been brought successfully into requisition, your humble reporter might have become intoxicated by good fortune, might have become so vain-glorious that others would wonder “upon what meat” he fed, and, while making fame and laurel wreaths for himself, he might for others have been making—graves.

Another thought. It is peculiarly embarrassing to a conscientious physician to be compelled to adopt a certain line of treatment in a given case, when the lights of the profession—the authorities, as we term them,—are widely at sea, at variance one with another. If there is any one thing more unsatisfactory than another concerning the science of medicine, it is its utter dearth of exactness—no fixed laws, as in geometry and astronomy. Nay, the widely divergent, not to say the diametrically opposite, views entertained upon the same subject by the best men in the profession—men of wisdom, experience, calm judgment and conspicuous ability (if it impresses others as myself), is a source of deep regret, and at times brings on a spirit of skepticism, as to the real merits of that calling to which we are devoted. At any rate, this one defect is the very life of quackery and charlatanism. Were there certain rules governing all like cases, producing always the same result, there would be no variance among the fraternity, and consequently no credulity with the laity. It seems, however, that the wiser we grow, the more progress we make, the deeper we delve into the mysteries of science and the richer the jewels we unearth, the more unset.

tled we become, and the greater the mutations and disputations.

The following will better illustrate this portion of my subject: About three years ago, while seated comfortably at home with a fresh journal in my hand, I received a call to a lady living a few blocks away. She was 52 years of age, and weighed about 200 pounds. On the day previous she had two or three loose stools with sharp pains in the abdomen, a cessation of the diarrhoea but a continuation of the pain. She resorted ineffectually to salts, oil and enemata. There was an accumulation of gas, some little nausea and vomiting, and such an increase in the pain that she was forced to seek medical aid. Her pulse was accelerated and her temperature slightly elevated. I drew McBurney's line, and had no difficulty, in spite of her flesh, in making out a tumor of considerable size. I announced the diagnosis of appendicitis, explained its nature, its gravity, and the probability of having to call in a surgeon.

In deciding upon the course of treatment, I thought how surely, a few years ago, we would have been compelled to give opium freely. Now, I ordered sulphate magnesia, with an occasional small dose of morphia to mitigate a pain that could not be ignored. My mind was deeply engrossed with the case when I resumed my journal. Can you imagine my delight when my eye fell upon an abstract setting forth the result of a recent meeting of the Philadelphia County Society to consider this very condition? It was like a ray of sunshine through the gloom of a dark day. There were present Drs. Keen, Morton, Price, Pepper, Baldy, Woodbury,

Hare, Willard, Kirkbride, and Thos. Bryant, of London. With bated breath I read that "Dr. Pepper was entirely opposed to surgical measures, that thorough treatment—hygienic, dietetic and medicinal—had been followed by complete cures. Dr. Bryant, the famous English surgeon, fully agreed with Dr. Pepper, and sententiously remarked that delay in operating was the wisest course in the majority of cases. He was *opposed* to purgation, and placed his reliance upon rest and diet, together with belladonna externally and *opium* internally. Drs. Keen, Baldy and Price emphasized the *importance* of having a surgeon associated in the case from the beginning. Some favored the use of calomel and podophyllin, others the salines, while still others were *opposed* to purgation."

When I had finished, I wondered what I had learned. So far as the weight of authority guided the conduct of my case, "I was between the devil and the deep blue sea." I wouldn't know whether to give my fat friend opium, and write as an epitaph, "requiescat in pace," or to deluge her with salts, and abbreviate the inscription, as did the dutiful but economical son, by taking only the first letter of each word, "Let her R.i.p." Fortunately, she escaped the necessity of an epitaph. In this disease, appendicitis, there is a grand field for surgery, but it should be held in abeyance, while in ectopic gestation it should have the first and only place.

Is there not danger in our ardent reaching forward after new worlds to conquer, that we will forget some of the old tried and true landmarks, that we will drop some of the pearls already gathered; for instance, vene-

section? Rarely does a physician experience the happiness that comes from the earnest conviction that he has been the chosen instrument in averting sudden death, and yet the phenomenal change which occurred not long since in the condition of a plethoric young woman, who was in the throes of a puerperal convulsion, left no doubt of the fact that the abstracting of blood saved her life. It is true that the vein had to be opened a second time, but the effect was marvelous. It has been my misfortune to have to resort to this procedure in four different cases of puerperal convulsions, with three recoveries. It seems strange, then, that in my collegiate life, in my brief hospital experience, and during twenty years of practice, I have never seen any other than myself bleed a patient—except through the pocket. The older I grow in the service the smaller grows my list of drugs, the less of these I employ, and the more I depend upon the curative power of nature.

While I'm not an enthusiast, while all my thoughts and acts are conservative, whenever my mind finds time to dwell upon the subject of medicine—the crudeness of its beginning, the vastness of its confines, the multitude and the magnitude of its blessings, the grandeur of its achievements—that little couplet from Tennyson ever recurs to me :

*“ Men may come and men may go,
But I go on forever.”*

Men *do* come upon the theatre of action, “ cut their fantastic tricks before high heaven,” then topple over, forgotten. Generations, one after another, take up their silent march to the eternal camping ground ; but

this little stream, which crept forth from the mountain of ignorance and superstition years ago—sometimes sluggishly creeping, again madly dashing down the gorges, gathering strength and force, ever broadening, extending—sweeps us now with the resistless might of an avalanche, almost against our volition, up into the high niches of the grand temple of science.

Diabetes.—Unschuld (Berl. klin. Woch.) draws attention to some of the less noticed symptoms in early diabetes. He quotes a number of illustrative cases in which the disease was masked by the presence of dyspeptic symptoms, nervous symptoms classed as neurasthenia, etc. Sometimes diabetes may quite accidentally be discovered. Here marked thirst and abundant urine were mostly absent. Frequently cramp in the calves is complained of, a symptom at present but little recognized. During the past eight years, the author has found it in as many as twenty-six per cent. of his cases. In 1895 he found it 33 times among 109 cases. It most often occurs in the morning, but sometimes at night. If such cramps occur, and the patient complains of weariness and weakness, the urine should at once be examined for sugar. These cramps may be present in all forms of diabetes, except in the acute disease occurring in young subjects. Massage and attempts at walking generally relieve the cramp. The cause is obscure; perhaps it is due to the diabetic toxins. The recognition of cramps may lead to the early diagnosis of diabetes.—*British Medical Journal*.

MESSRS. HELDING & PASSMORE, the great English chemists, have pronounced Peacock's Bromides a preparation of chemically pure bromides and far superior to commercial salts.

Selected Articles.

SOME NEW THEORIES OF DIGESTION.

For a number of years it was our privilege to be able to give almost exclusive attention to the study of physiology. Nothing can be more fascinating either to pupil or teacher. During all this time, and even up to the present day, we had to believe that "the principal object of the saliva is to moisten the food, and thus aid mastication and deglutition." And yet, we had to face the fact that an enormous quantity of saliva was secreted every twenty-four hours. It appeared almost like a waste of the forces of nature. We had to believe that the moment this saliva reached the stomach it became inoperative. But now all this is about to be changed. Although Freirichs came to the conclusion a number of years ago that salivary digestion continued in the stomach, yet his work was practically lost sight of. Now, Dr. J. H. Kellogg, of the Battle Creek Sanitarium, has just published the report of some extensive experiments in his Laboratory of Hygiene, on starch digestion. Dr. Kellogg examined the contents of the stomach after a test meal in 4,875 cases. In 669 of these cases he found the starch had been completely converted into sugar. Only in 1.8 per cent. of the cases did he find there was little or no conversion of the starch. This certainly must be accepted as conclusive, and hereafter we must teach that the digestion of starch takes place in the stomach by the aid of the saliva ferments. Clin-

ically this will be of great value, and must result in a number of changes in our ideas of diet.

It is only within a few weeks that a chemist of Brooklyn, New York, Prof. E. H. Bartley, published an article in the *New York Medical Journal* setting forth the dangers of having digested starch in the stomach. Our readers may recall the fact that a number of years ago a committee on American Chemists were asked to report upon the dangers of taking a pre-digested starch into the stomach. Glucose was becoming such a generally distributed article, and was so largely used in the manufacture of confectionery that this committee was asked to report upon its effects on the system. The report was both exhaustive and conclusive that no deleterious effects would follow its use, even in large quantities. But Prof. Bartley has recently taken exception to this report. This is a very important question, for it is a fact that to-day the best candies in the world contain a large amount of glucose; while the most popular beer on the market has recently been shown to contain a larger proportion of glucose than any other brewed in this country.

It is very interesting to analyze some of the statements of Prof. Bartley; for instance, he says that milk sugar and cane sugar are "intended" as foods in preference to grape sugar, because the former require digestion before they can be absorbed. From this it is safe to reason that the more difficult a food is to prepare for absorption, so much the more was it "intended" as a food: therefore, boiled pork and cabbage were "intended" as foods in preference to the more easily digested eggs and milk!

Prof. Bartley then speaks against cooked fruits, jellies, preserves and fruit pies ; because, he says, the cane sugar is changed into glucose by heating it with the acid fruits. As is well known, "prolonged boiling" with an acid is necessary to make this change; while it is a practical fact that the housewife only brings her pears and peaches to a boil. Prof. Bartley further declares that the reason why some persons can eat raw apples "without stint and without after-distress," and yet "cannot eat apple pie without distressing after-effects," is because the latter contains this inverted sugar ! This is almost ludicrous. It occurs to us there is more difference than this between ripe, raw apples and the average apple pie with its historic crust ! An equally absurd illustration is where he declares, "some persons can drink lemon juice and water, but are sickened by lemonade or lemon pie." As if lemonade were cooked ! For he declares that it is the heating with the acid which changes the sugar into glucose ; therefore, he must always take his lemonade "after prolonged boiling !" While lemon pie, it occurs to us, has something more in it than digested starch to make it indigestible.

Prof. Bartley is evidently averse to the "sweets," for he deals the candy-manufacturers a death-blow. The professor relates instances of persons who were made ill by eating candy containing this variety of sugar ; and whom he restored to health by refusing them all articles containing sugar, and by giving them "pepsin and hydrochloric acid with laxatives." This is like curing a man of some severe pain simply by combing his hair, (and by the use of hypodermic injections of large doses of morphine) !

But this article is written with the view of showing how easily any number of theories may be overthrown

when all the facts are made known. Prof. Bartley says that digested starch is absorbed too quickly while in the stomach, and, thereby, "may prove too great a task on the liver," and "the blood may be over-charged with dextrose." The professor reasons that when milk sugar or cane sugar is taken, it is digested below the stomach, and there more slowly absorbed. The whole drift of his article is to frighten those who take a pre-digested starch, for fear of causing diabetes!

In the light of the recent investigations of Dr. Kellogg, the absurdity of any such view is at once apparent. We now know that nature herself is digesting our starchy foods in the stomach, and that if these digested starches, or if this glucose, could in any way cause diabetes, we would ere this have been a race of diabetics.

For a long time there has been a growing sentiment throughout Germany that diabetes has not been properly treated. Hirschfeld says he believes that diabetic coma is favored by the exclusion of carbohydrates in the diet. Schmitz allows his diabetic patients a small quantity of albumen, while he orders the free use of food containing starch, and fat in large amount. Grube impregnates the system with the carbohydrates. Williamson, of Manchester, says that home-made bread is much better than especially prepared diabetic bread. A number of American physicians are following out this line of treatment with better results than they have had heretofore.

In the light of all this, we must conclude that saliva continues its action on starchy foods in the stomach until nearly, if not all, the starch is changed into glucose; that glucose is simply a normal product of digestion, and no more injurious than a digested proteid; and that the treatment of diabetes is bound to undergo a marked change in the near future.—*National Medical Review.*

Selections.

Management of Typhoid Fever.—Professor F. C. Shattuck, of Boston, has for the past two years given to typhoid patients, who seem able to bear them, raw and very soft boiled eggs, custards, animal broths, strained gruels, ice-cream, junket, blanc-mange, and even scraped or very finely minced meat, in addition to their milk, watching the stools, of course, for the appearance of undigested food. He believes in giving as much and as wide a range of food as each individual patient can digest, and as will not prove irritating to the ulcerated intestine, with plenty of water internally to promote the elimination of soluble poisons. He does not regard with much favor the use of the so-called intestinal antiseptics, and prefers small doses of the salicylate or subgallate of bismuth, the astringent properties of these compounds being naturally taken into account in their administration. He often gives a preliminary dose of calomel, especially in cases seen early and without pronounced diarrhœa. He resorts to enemata of water every second day when there is constipation, and to morphia to mild narcotism where there is intestinal hemorrhage. He does not approve of controlling the fever by means of drugs, and only now and then gives an occasional antipyretic dose in cases in which the headache or pyrexia produces such discomfort as to warrant it. Phenacetin he believes to be the safest of these remedies.

He has used the Brand method in hospital practice, and of 236 cases treated expectantly and with cold spongings 23 died—a mortality of 10 per cent. For some years past the cold spongings have been made much more efficient in the Massachusetts Hospital by

rolling up the rubber sheet placed immediately under the patient at the sides so as to form a trough. Water at 60° F. (15.6° C.) is used, sometimes water with a little ice in it, to make up for the heat absorbed from the body. One attendant can use cold water in this way, while two are almost indispensable for the tub-bath, with affusion to the head and friction to the body. A temperature of 102.5° F. (39.2° C.) is regarded as an indication for cold water.—*Boston Medical and Surgical Journal.*

Gonorrhœal Arthritis.—Dr. T. H. Manley, of New York, reports ten cases presenting several characteristics not in harmony with the views of the generality of writers. He believes that the diagnosis is not difficult when the differential characters of rheumatism or tuberculosis are remembered. In all of his cases except one there was undisputed evidence of gonorrhœa, though the gonococcus could not be found in all. In none of the cases did perfect functional restoration follow the disease. Hence, urethral arthritis must be regarded as one of those diseases in which complete resorption of inflammatory deposits rarely if ever occurs. The author's observation lead him to ignore the general view that it is a masculine disease, as in his cases there was an equal proportion in each sex. The treatment must be energetic and antiphlogistic. Mercury, if given early, exercises a most salutary influence on the course of the malady. If rheumatism is suspected as a complicating factor, then colchicum with the alkalies is useful. The local management of the affected part is important. In the early stage free abstraction of blood; later, blisters, lotions, the bandage, etc. After the acute stages have passed, then moderate motion should be instituted if we would avoid or limit ankylosis.—*Amer. Jour. of the Med. Sciences.*

What is the Cause of Puerperal Fever?—

Dr. John F. Winter thinks there is abundant evidence to show that there are two forms of puerperal fever, both due to the introduction of pathogenic micro-organisms from without. These micro-organisms may be varieties either of septic bacteria or the common bacteria of putrefaction.

The manner of infection differs in the two cases. The septic bacteria, finding an entrance through some wounded surface in the genital tract, make their way into the blood and tissue of the patient, and, multiplying there, become the active cause of a disease. The common bacteria of putrefaction also enter the genital tract from without, but their influence is exerted, not by becoming absorbed and distributed in the blood and tissue, but by setting up the process of putrefaction in any material that happens to be retained in the uterus or vagina. When this occurs certain poisonous products are given off, which, if absorbed into the system, are capable of giving rise to puerperal fever.

The difference, he says, is that in the former there is a living, self-multiplying poison in the system, which once introduced must run its course, there being no antidote as yet known to us except such as would at the same time destroy the life of the patient; while in the latter the poison, though capable, if left to itself, of producing deadly results, is, if the source of the poison be removed and its absorption arrested, quickly eliminated from the system, with entire relief of all dangerous symptoms.—*Charlotte Medical Journal*.

Treatment of Nose-Bleed.—Dr. Lermoyez (*Hospitalstidende*, No. 2, 1895,) in slight cases of nose-bleed, advises compressing the nose between the thumb and forefinger for ten minutes; if that be insufficient,

then apply locally a tampon moistened with a 10 per cent. solution of antipyrine, which is an excellent hemostatic, and much superior to cocaine (1:5), which latter not only has the disadvantage of being toxic, but also of being possibly followed by further hemorrhage after the vaso-constrictor action has passed away. It is also to be preferred to solutions of chloride of iron, which are strong irritants, and may give rise to gangrenous ulcers. In more severe cases a nasal speculum is introduced, and the anterior portion of the nose tamponed with fine strips of iodoform gauze four inches in length and one in breadth; these are introduced with fine forceps. As the hemorrhages nearly always arise from the anterior portion of the nasal cavity, there is no necessity of tamponing far back. Tamponade of the posterior nares is not only entirely unnecessary, but brutal and often dangerous.

Treatment of Hydrocele.—A letter from France to the *Med. Press and Circular* says that the classical treatment of hydrocele, puncture and injection of tincture of iodine, or some other irritating liquid, has been rendered much more simple by a surgeon who has published the result of several cases cured rapidly by the method. He inserts the trocar into the most dependent part of the tumor, and removes the liquid; he then injects a five per cent. solution of carbolic acid, which is removed almost immediately. The trocar is introduced a second time into the canula, and pushing it up toward the highest point a counter-opening is made. The trocar is again withdrawn, and a drainage tube is passed through the canula and left in position, the canula being removed. The patient can immediately get up and walk about. The drain is withdrawn on the fourth day, and in a week the man is cured.

Treatment of Diphtheria.—Dr. White, after reporting a series of cases treated at the Willard Parker Hospital, draws the following conclusions :

1. That frequent washing of the air-passages attacked by diphtheria lessens the duration and amount of diphtheretic membrane.

2. The addition of antiseptics, in sufficient strength to be germicidal, to the irrigating fluid is irritating to the mucous membrane, thereby causing extension and persistence of false membrane rather than the effect desired.

3. The addition of antiseptics to the irrigating fluid is liable to cause system poisoning and disagreeable complications from the swallowing and absorption of some of the fluid used,—e.g., the two bichloride cases cited above.

4. Spraying the throat (also the pernicious treatment of swabbing), whatever solution is used, can have no good effect, as the parts reached by the spray must necessarily be very limited, excepting, possibly, in the hands of an expert. Furthermore, the spray cannot be used with young children, as any one can testify who has tried it. This is especially true of some solutions where it is necessary to use a glass syringe.

5. Frequent cleansing of the throat and nasal cavities with a Bland solution, such as plain warm water or normal salt solution, is easier of application, is more agreeable to the patient, and does all that any antiseptic solution can accomplish, either upon duration of the membrane or the period of isolation.

Quinine in Chorea.—The author reports in the *Boston Med. Journal*, eight cases of chorea, which he treated with quinine alone, which he administered in doses ranging from six grains to eighteen grains a day. No other medicine was given, but hygienic measures were also observed. In one case there was complete recovery in a week after treatment was begun, but,

although this was rather a short time, it is not very remarkable for chorea to recover in that period. The third recovered after being under treatment ten weeks. In five cases the quinine treatment proved ineffectual, and arsenic was substituted, with distinct benefit in the majority of cases. With the exception of one case, which recovered in a week, the results are neither remarkable nor satisfactory. The theory upon which quinine is advised in treating chorea, the author believes is not correct. Comparatively few cases have thus been treated, and the results carefully observed. Those results, on the whole, do not warrant us in ascribing to the drug particular virtues. The good accomplished by quinine undoubtedly is due to its tonic properties, or possibly to some influence which it exercises over the toxine of the disease. The hypothesis does not seem tenable, that it acts by stimulating the inhibitory motor actions of the spinal cord.—*Archives of Pediatrics.*

Common Mistakes of Doctors.—To promise a patient that you will cure him; to promise to call at an exact specified time; to promise that the malady will not return; to promise that you can render more efficient service than your fellow-practitioner; to promise that your pills are not bitter, or the knife will not hurt; to promise that the chill or fever will not rise so high to-morrow; to allow your patient to dictate methods of treatment or remedies; to allow yourself to buoy up the patient when the case is hopeless; to allow yourself to make a display of your instruments; to allow yourself to experiment or exhibit your skill uncalled for; to allow yourself, by look or action in a consultation, to show that you are displeased, and that if you had been called first matters would have been different; to allow yourself to indulge in intoxicating beverages; to allow yourself to rely wholly upon the subjective symptoms for your diagnosis.—*Ohio Medical Journal.*

The Role of Dentition in the Etiology of Diseases in Children.—Arnstein, at a meeting of the Warsaw Medical Society, described two cases in which convulsions could only have been produced by dentition. From his own experience, as well as from that of others, he considers that reflex convulsions from dentition are possible, but rare. Out of 82 cases observed by him, in only 6 could the connection with dentition be found ; in the remaining cases the causes were—in 27, the beginning of acute infectious disease; in 12, diseases of the brain ; in 29, diseases of the stomach and intestines ; in 6, trauma or burns ; in 2, the cause was not explained.

But, although he seldom observed convulsions from dentition, he very often noticed abnormally increased sensibility of the central nervous system, expressed by general irritability, uneasiness, peevishness, crying, etc. Among other diseases in connection with dentition, the author mentions affections of the gums and buccal cavity, and also an aphthous affection ; in the latter, however, dentition was not the *causa efficiens*, but only prepared the ground for the entrance of parasites. He quotes Monti as having proved by statistics that aphthæ are seldom observed in children under six months, nor after the third year, but most frequently during the first and second year, when the greatest cutting of teeth takes place. He believes that dentition is a physiological phenomenon not causing any morbid symptom, but that in many cases pathological symptoms appear, of a reflex character, involving the central nervous system and buccal cavity. It is doubtful whether diseases of the lungs and abdominal cavity, as well as inflammation of the membranes of the brain, are ever occasioned by dentition.—*Universal Medical Magazine*.

The Medico Legal Points in Regard to Infanticide.—1. It is possible for women to be unconsciously delivered, but not likely that she should go through the full term without being conscious of her pregnancy.

2. If the child was suddenly and unexpectedly born, and dropped accidentally on the floor or into a water-closet vault, the cord would be found torn and broken off and untied, and not cut and tied in the ordinary manner.

3. In order that a child shall be live-born within the meaning of the law, it must show some sign of life after being completely separated from the mother.

4. If a mother prepare no clothing for her child, and the child be found dead shortly after birth, this would be considered very strong evidence that the woman intended to destroy it.

5. It is possible that a child may be born living, yet so badly deformed as to render the prolongation of life, after the separation of the cord, impossible.

6. If the child has food partly digested in the stomach and intestines, and the meconium all passed away; the child has lived at least twenty-four hours, and has been fed.

7. If the septum ovalæ of the heart is found closed, making a four-cavity heart, the child has lived as much as four days.

8. If the navel cord has withered and come away, and the navel healed completely, the child has lived as long as a week.

9. It is a fact worthy of remembrance, that a child will stand a great amount of exposure, and that they have been found living for days after neglect, under the most terrible circumstances.—*Med. Summary.*

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The Transactions of the Medical Association of the State of Alabama, with Some Reflections.

The transactions, containing the proceedings of the meeting of the Association held in the city of Mobile, April 16-19, is before us. A careful examination of the book shows the publishing committee to have executed the work intrusted to them by the Association faithfully and efficiently. This committee consists of Drs. J. R. Jordan, G. P. Waller and R. S. Hill. The printing of the transactions, by the Brown Printing Company, of Montgomery, is in keeping with the splendid work usually turned out by this old and reliable firm. They have done the work of printing the transactions for the Association for a number of years, and have given much satisfaction.

The reports made by the Vice Presidents indicate that there should be a greater effort on the part of physicians, in their respective counties in this State, to increase the interest in the work of the medical socie-

ties, and to encourage physicians to attend the meetings of the societies.

We are surprised to note the number of societies in the State, under the head of the revision of the roll, which are delinquent. Twenty-six counties seem to have complied with all of their constitutional obligations fully, and we find the following in the list: Autauga, Baldwin, Bullock, Butler, Calhoun, Chambers, Cherokee, Dallas, Dale, Lamar, Jefferson, Elmore, Madison, Marengo, Marion, Mobile, Montgomery, Tuscaloosa and Winston.

The next list, containing those counties which are partially delinquent, is as follows: Barbour, Bibb, Blount, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Crenshaw, Cullman, Pickens, Monroe, DeKalb, Escambia, Lowndes, Etowah, Livingston, Fayette, Lawrence, Franklin, Lauderdale, Geneva, Jackson, Hale, Henry, Russell, St. Clair, Tallapoosa and Wilcox.

The third list shows five counties delinquent, to-wit: Covington, Lee, Marshall, Walker and Washington.

It is to be hoped that the societies in the counties referred to as being partially delinquent and delinquent will be stimulated to renewed effort in the work, and help to keep the great work which our State Association is doing in continuous progress. To perpetuate this organization requires the aid and co-operation of every physician in every county of the State. It costs but little time and money to keep up the county society, and we unhesitatingly assert that no intelligent physician in Alabama can successfully question the great

good which these medical societies have done, and are still doing, for the medical profession in the State; and none will question the splendid results which have been brought about for the good of the people of Alabama by the faithful work in the medical societies.

Suppose we relax our effort, relieve ourselves from further obligation, and resign our membership, or refuse to pay the dues required by our society, and thus have our name dropped from the roll; or, from a number of causes, too numerous to mention, which some physicians try to offer as an excuse, refuse to further lend our influence and help in this work; the individual who thus excuses himself is a pessimist, and necessarily becomes pessimistic, contracted in his appreciation of his profession, and will make no progress for himself or for others.

Ours is a great and noble profession. The Medical Association of the State of Alabama has made a name for herself worthy of emulation by other States. The work done by the medical societies and the Medical Examining Boards of the different counties in the State, has been highly commended during the last twenty years. Quacks and quackery have been driven from the face of our beloved State, and we, the younger men in the profession, have cause to congratulate ourselves that we are the fortunate possessors of the splendid heritage which has been given to us by the most patriotic, unselfish, and the best physicians who ever lived in Alabama—many of whom have gone to their last reward, and their works follow them.

Happy in the appreciation which we have for this

work, and proud of the opportunities which confront us, we should indeed be thankful that we live in the dawn of the morning of the greatest progress in the history of medicine. Moved with a love for his profession, and with a determination to have a part in its future greatness, can we not hope that every doctor in Alabama, in every county, and in every community, will renew his effort, and give a little of his time and money in the furtherance of the work of his home society, and thus bring about an era of progress in this work which will be a credit to every man who has a part in it, and an honor to our State Medical Association, which can be handed down to future generations with the greatest degree of assurance that our work has been faithfully discharged to our profession and to the people of the great State of Alabama ?

In concluding, the Monitor, in his address in the volume before us, using the language of W. J. Bell, says : "The true physician longs for the time when, in every fellow-practitioner, he shall find a brother, a counsellor, a scholar, a gentleman." This condition can only be had by co-operation and fraternal work in the Medical Association. In this address the idea prevails, in the discussion of the code of ethics, that the important thing is to be a gentleman. We must suggest that the code of ethics is for the government of gentlemen.

We find that the Board of Censors continue to criticize some of the examinations made by county boards, where applicants have passed successful examinations. This, in our opinion, reflects unjustly and unfairly upon the applicant who has been granted a certifice to prac-

tice medicine. If a physician selects to be examined by a county board, and receives a certificate, adverse criticism published in the transactions does him an injustice which should not be tolerated, and this one objection should not be longer indulged in by our honored Board of Censors.

The cases of Drs. Randle and Cameron, from Sumter County Medical Society, and those of Drs. Hill and Pitts, of Montgomery county, on pages 82 and 83, contain some suggestions which are of interest on the question of ethics.

The paper read by Dr. James T. Searcy, of Tuscaloosa, on "Defective, Dependent and Delinquent Classes in Alabama," is a very valuable paper, and contains much important information on the subject which he discusses.

Dr. Geo. S. Brown's (of Birmingham, Alabama,) paper on "The Mental State as Conducive to Organic Diseases," is a thoughtful and well-written paper, and reflects credit on the doctor as a studious physician. This paper was recently published in the *Medical News*, of Philadelphia.

Dr. H. T. Inge, of Mobile, furnishes a very interesting paper to this volume of the transactions, entitled "Interesting Cases in Practice."

Dr. B. L. Wyman's paper on "Recent Progress in Brain Surgery, with Special Reference to Cerebral Localizations," is a very valuable paper.

Dr. T. H. Frazier, of Mobile, has an excellent paper on "Inflammation of the Serous and Fibro-Serous Membranes of Constitutional Organs."

Dr. Goldsby King's paper, on "Surgical Shock," is a good paper. This paper was published in a recent issue of *The International Journal of Surgery*, New York.

The Rival Monuments at Washington to Hahnemann and Rush.

The above is the title of an editorial in the *Journal of the American Medical Association*, August 3rd. We reproduce the editorial, in order to call attention to the fact, that it was thoughtful on the part of Dr. Jerome Cochran, at the American Medical Association meeting in Baltimore, to subscribe \$100.00 for the medical profession of Alabama to this fund :

“The chairman of the Rush Monument Committee calls attention to a matter that he justly believes demands the serious attention of the medical men of this country. The erection of a statue to Professor Gross by the American Surgical Association, of which he was founder and President, was a very natural and proper demonstration of personal admiration and affection for their late eminent associate and friend, and no one interested in the monument to Rush ought, by word or influence, to antagonize the project. Indeed, among the subscribers to the testimonial to Gross are the names of prominent advocates of a national monument to Benjamin Rush.

“It is quite another matter when a numerically small body of sectarians propose to glorify a foreigner, whose only claim to distinction is, that he was the founder of that sect, by erecting at the capital of the Republic as superb a memorial as money can enable its members to procure. The committee on the monument to Rush very naturally feel mortified that the great body of their professional associates, who at the annually recurring sessions of their representative Association have for ten

successive years enthusiastically applauded their efforts and pledged their contributions, forget all about the one and the other when they reach their homes.

“Benjamin Rush’s claims to the grateful remembrance of medical men in America can not be contested. As Dr. Gihon recently stated in the pages of one of our contemporaries, no one pretends that he was impeccable. He was too zealous, ardent and energetic not to err in word and deed, but his signature, one of the most conspicuous, firm and still legible, on the immortal Declaration of the Independence of these United States of America, written boldly and unhesitatingly by him when other men, who professed fealty to the cause of the rebellious colonies, feared to take this dangerous step, alone entitles him to the most imposing monument his professional brethren can erect.

“The project has now gone too far to be abandoned. A monument of some kind will be erected, but whether it will be a commanding structure of artistic excellence, befitting the man and the profession, depends upon the amount of money subscribed. It will be a humiliating contrast if, in one portion of the capital city of this country, there shall stand the splendid memorial of a little band of homeopaths, and in another an humble pile of bronze and granite, eked to its utmost possibility, by some self-sacrificing sculptor, as the measure of the liberality and appreciation of over one hundred thousand physicians of him, who, in the words of a great living physician, was ‘the greatest physician this country ever produced.’

“The *Journal* earnestly hopes the profession will

realize the necessity for its prompt response to the committee's appeals, and that, as the chairman suggests, every State, Territorial and county medical society will at once take decisive action, and every individual physician contribute of his means toward the completion of this commendable undertaking."

Mortality at Coalburg, Ala.

Dr. Thomas D. Park by the direction of the committee of health has made a report which shows a fearful condition of things to exist at Coalburg. From the newspapers we get the following: "A sensation has been created by the publication of the report of Dr. Thomas D. Park who by direction of the committee of health has been investigating the health rate and cases of mortality at Coalburg convict prison. He reports a death rate of ninety persons in every 1,000, which he shows by comparisons is simply frightful, the next highest death rate of any penitentiary being that of Mississippi, which is forty to the thousand. Tuberculosis was the chief cause of death. Dr. Park thinks this high illness and death rate will continue so long as the prisoners are deprived of sunlight and pure air. The report concludes as follows: 'In the light of utility, social and moral, the question may well be raised whether a sovereign State can afford to send her citizens for slight offence to a prison where in the nature of things a large number are condemned to die. Can a State confessedly place such a low estimate on the life of her citizens? The legislature or the proper authorities, before it convenes, should see to it either that conditions are changed and ameliorated or that other arrangements be made for taking care of county convicts.'"

Editorial and Miscellaneous Notes.

STOP IT.—If your patient is already thin, and still losing in weight, he is suffering from Malnutrition, and is on the road to Phthisis. Stop this condition at once by administering two or more teaspoonfuls of SENG before each meal.

DR. WM GAYLOR, of Jellico Creek, Ky., writes: "I have been using 'Sennine' as an antiseptic and surgical dressing for some time, and I like it better every day. I use it almost daily in skin diseases, find it does just what I want in pruritus."

DRY DRESSING (ANTISEPTIC).—"Sennine" is the ideal antiseptic for dry dressing, manufactured by the Dios Chemical Co., *exclusively* for the use of surgeons, and is highly commended in all cases where dry dressing is indicated, by many of the most prominent surgeons in this country and Europe.

THE Tri-State Medical Society of Alabama, Georgia and Tennessee, will meet in the city of Chattanooga, October 8th, and continue in session three days. This promises to be one of the best meetings in the history of this society. A number of prominent physicians have already promised to attend the meeting and read papers.

The preparations of "Protonucelin and Peptenzyme," which Messrs. Reed & Carnrick call attention to in their advertisement, in this issue of **THE AGE**, is attracting much attention, and receiving the most favorable endorsement from eminent members of the medical profession. Reed & Carnrick will take pleasure in sending to any physician a sample of these preparations who may wish to try them, and in writing will mention this journal.

A LETTER FROM DR. SHOLL.—Birmingham, Ala., July 23d, 1895.—*Dr. LeGrand*: Dear Dr.—Having been requested by Dr. W. H. Johnston, President of the Medical Association of the State of Alabama, to act as Historian during his year of service, to April, 1896, I would respectfully request the physicians of the State to give me prompt notice in the event of the death of any member of our profession, with such facts of interest in connection with his life and work as will afford available material for the preparation of such a biographical sketch as will preserve the name and record of those whose work is done. Often the world's heroes do their life work, unheralded and unsung, in quiet and secluded homes. Their memory should be kept fresh as an incentive to the busy toilers of to-day.

Yours fraternally, E. H. SHOLL, M. D.

At the last meeting of the Talladega Medical Society, the following tribute of respect was ordered published:

Amid the bustle and confusion of business life we are called upon from time to time to pause for a moment and do honor to a comrade who rests from his labors.

It is with profound regret that we chronicle the death of Dr. E. D. RHODES, of Alpine. Dr. Rhodes began the practice of medicine in Georgia, under Dr. Paul Eve. He moved to Alpine in 1886, where he lived at the date of his death. His practice, though not extensive, was marked by success. He was a man of strong common sense, and had the confidence of his patrons. He was kind and courteous to his brother physicians, and was always ready to encourage the young. He discharged his duty to his profession and to the world faithfully and honestly, and in his death we feel that we have lost a good physician, an upright citizen, a worthy brother, a kind and obliging friend.

Respectfully,

JOHN W. HEACOCK,
A. G. SIMS,
S. W. WELCH,
Committee,

FERRATIN.—In the course of a discussion of the merit of substitutes for the inorganic preparations of iron, at a recent meeting of the New York Post-Graduate Clinical Society, Dr. Max Einhorn said, that good results had been obtained clinically from all the preparations of iron, and particularly with the more recent preparations of the albuminoids. With this latter preparation, we imitated the method by which iron was ordinarily introduced into the system from the food. He had no experience with hæmagallol, but he had tried a very similar preparation to it—ferratin. The object of using this preparation was also the same—the introduction into the system of a form of iron similar to that drawn from the food. This ferratin had first been obtained from the liver of swine, but it had afterwards been made artificially. He had tried the ferratin in a number of cases where iron had been indicated, and yet in which the stomach had been too irritable to tolerate well the ordinary preparations of iron. He had used it in about fifteen such cases without observing any digestive disturbance produced by it. He could not say that it increased the quantity of hæmaglobin more rapidly than the other preparations of iron. Undoubtedly an important part of all methods of treating anæmia was attention to the diet and the general nutrition. From his experience with ferratin he felt sure that it would not prove dissappointing. — *American Therapist*, March, 1895.

DR. JOHN ROBERTS, Pound P. O., Va.—Some time ago I prescribed your Maltopepsine in an old chronic case of Atonic Dyspepsia of years standing. I tried the usual remedies, including the various preparations of pepsin, but without avail, and the patient was so far discouraged that I had some difficulty in getting him to try anything further. I finally persuaded him to give your

Maltopepsine a fair trial and report to me at the end of a month. I did not see anything of him for two months, but when I did he said: "Well, you have conquered at last." In answer to my inquiries he said that he had a splendid appetite, perfect digestion, no more misery in his stomach and bowels, food does not sour, and his weight and health is better than it has been for years. I shall most assuredly continue its use in my practice and recommend it to my brother physicians.

THE ATLANTA MEDICAL COLLEGE has an advertisement in this issue of THE AGE. Established back in the fifties, by some of Georgia's most distinguished medical men, it has had a most successful career; and, as will be seen by reference to the catalogue, copy of which is before us, the last session was one of the most successful years in the history of this school, and it perhaps had one of the largest graduating classes of any school in the South. This College has adopted the three years graded course, and offers many inducements to medical students who wish to attend a first-class Medical College.

HOW A PHYSICIAN INCREASED HIS PRACTICE.—It is my pleasure, and also duty, to report that my success with Sanmetto is far beyond expectation. It has effected a cure in every case for which I have employed it. It has been a complete success in kidney and bladder troubles. I have also used it in gleet and gonorrhœa with perfect satisfaction. In some cases I add one drachm of ergot and tr. opii, or liq. strychnia, to the one bottle, as circumstances may call for, and I always have a favorable result. In short, I have to say that my practice has increased considerable since I commenced the use of Sanmetto, and I prescribe it daily.

N. J. LUND, M. D.

Marinette, Wis.

WE take pleasure in calling the attention of the readers of THE AGE to the advertisement, in this issue, of THE UNIVERSITY COLLEGE OF MEDICINE, of Richmond, Va. This school offers many superior advantages to medical students. Its faculty is composed of some of the most prominent medical men of this country. The well-known and distinguished Dr. Hunter McGuire is President of the Faculty. For any information in regard to this College, address Dr. J. Allison Hodges, Cor. Sec'y, Richmond, Va.

WAS MISTAKEN, BUT STANDS CORRECTED.—*Messrs. Theo. Metcalf Co., Boston, Mass.*: Gentlemen—I thought I was using the best preparation of Kola that I could, but found myself most agreeably mistaken. For smallness of dose, and therapeutical effect, Kola-Koloid cannot be excelled, if it can be equalled.

Yours truly, J. M. ABBOTT, M. D.
Macon, Florida.

Samples and literature on application to Theo. Metcalf Co., Boston, Mass.

BROMIDIA—The steadily increasing use of Bromidia by the profession, in all parts of the world, demonstrates its great value as a hypnotic. If human testimony is worth anything at all, then Bromidia must unquestionably be the best and safest of all sleep-producers. Dr. Federico Tommasi, of Maggranico, Italy, on July 24, 1893, writes: "Although as a rule I do not approve of specialties, still when I find an ideal one, both as regards therapeutic combination and pharmaceutical preparation, easily administered, prompt and certain in action, *I value it*. Bromidia fulfills all these conditions. I have obtained especially gratifying results by its use in two cases—one, heart disease; the other, acute lum-

bago. In both cases it promptly relieved the pain, produced tranquil sleep, with no disagreeable after-effects." —*Memphis Medical Monthly*, June, 1895.

RECTAL feeding may be carried on by means of a mixture of two eggs, twenty grains of pepsin, ten grains of chloride of sodium, and six ounces of water. This mixture should be slightly warmed, thoroughly agitated, and then gently introduced into the bowels by means of a syringe. To facilitate the entrance of the fluid into the intestines, it is well to put the patient in a position with the hips much elevated above the head, either the knee-chest position or with two or three pillows resting beneath the hips.—*Toledo Med. Compend.*

ANTI-KAMNIA—QUININE—SALOL.—The well-known therapeutical properties of these drugs make this combination desirable in such intestinal affections as Fermentative Dyspepsia, Diarrhœa, Dysentery, Duodenal Catarrh, Cholera Infantum and Typhoid Fever. The Antikamnia controls the pain as effectually as morphine, and yet is never followed with any of those undesirable effects so characteristic of opium and its derivatives. Freedom from pain saves an immense amount of wear and tear to the system, and places it in a much better position for recovery. The Salol acts as an antiseptic, and removes from the intestinal canal the first or continuing cause of the affections just mentioned. The Quinine acts as a tonic, increasing the appetite, and thus contributing much to a speedy recovery. Hare says that Quinine is not only a simple bitter, "but also seems to have a direct effect in increasing the number of the red blood corpuscles." A tablet, composed of Antikamia two grains, Quinine Sulph. two grains, and Salol one grain, allows of the easy administration of these drugs in proper proportionate doses.

DR. J. ABBOTT CANTRELL (*College and Clinical Record*) says : "Alumol has proven itself of decided advantage in my service at the Philadelphia Polyclinic, where I have advised its use in a hundred cases. It was found serviceable in acute vesicular eczema; erythema intertrigo, chronic eczema, non-syphilitic ulcers, ring-worm and impetigo contagiosa. It was used in the form of powder, 1 part to 3 parts of starch, and as an ointment in strength varying from 20 grains to 2 drachms to the ounce, and as a solution in the proportion of 2 drachms to the ounce of water."

DR. JANES (*Provincial Med. Jour.*) reports a new method for treating internal hemorrhoids by means of a clamp and suture instead of a cautery. After divulsing the sphincters he seizes each hemorrhoid and applies the clamp to its base, cuts away the pile and approximates the mucous membrane of the stump with catgut sutures, as follows: The ligature is threaded with two needles. Beginning at one end of the wound, one needle is made to transfix each side of the mucous membrane; then, by means of a double continuous suture, the surfaces are united with a cobbler's stitch, and in addition each time the needles are drawn through an over-knot is tied. This form of suture is unique, as it prevents any possible bleeding and greatly lessens the risk of the deeper part of wound becoming infected.

THE discussion over the value of diphtheritic serum-therapy has been almost altogether one-sided in this city. Dr. Winters has very emphatically and eloquently championed the view that the diphtheritic antitoxine does no good, and even may do harm, but despite the well-recognized character and ability of Dr. Winters, he has not made many converts. We are yet, however, far

from having established the anti-diphtheritic serum on a perfectly sure basis. A recent article by Dr. O. Leichtenstern and Dr. H. Wendelstadt, in the *Munchener Medicinische Wochenschrift*, discusses again the question of the value of the *Heil-serum*, and brings further statistics to bear upon it. Their statistics are particularly valuable, because they have been collected and studied with special reference to excluding all possible sources of error. They include 123 cases of diphtheria treated with the *Heil-serum*, and 1,353 treated without it. The cases treated without the serum occurred during the years 1892, 1893 and 1894, and may be, therefore, assumed to be free from any special epidemic influence. In brief, it is shown by these writers that the mortality before the use of the *Heil-serum* averaged 30.9 per cent. among the 1,353 cases, while the mortality among those treated with the serum was



Willis P. King, M.D.

Ex-Vice-President Amer. Med. Ass'n

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- "Full of side-splitting fun from beginning to end."—*Kansas City Journal*
- "As amusing reading as the writings of Mark Twain."—*Kan. City Med. Record*

Alabama Med. and Surg. Age one year and *Stories of a Country Doctor*, Two Dollars.

20.3 per cent. They also show that the class of cases treated with the *Heil-serum* was not of the milder kind, because the per centage of cases in which tracheotomy was used was about thirty in both series. In those cases where tracheotomy was performed, however, the mortality, after the operation, was fifteen per cent. for those not treated with the serum, and ten per cent. for those that were thus treated. This is a pretty good showing, on the whole, for the *Heil-serum*, but, on the other hand, if this method of treatment only reduces mortality from 30 to 20 per cent. it is not the wonder-working agent which we at first hoped it would prove.
—*Post Graduate.*

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(Medical Department of Grant University.)

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Requirements those of the Southern Medical College Association, of which body this college was an original member.

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The Seventh Regular Annual Course of Instruction commences September 11th, 1895, and continues for six months thereafter.

Book Notices.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Vol. VII. Seventh Session, held at Charleston, S. C., November 13-15, 1894.

Every physician in the South should rejoice at the work of this organization. Its members are composed of the leading surgeons and gynecologists of this section, and some of the leading men from the North and East. THE AGE has already published a synopsis of the proceedings of the Charleston meeting, and its readers have had an opportunity to judge of the merits of the present volume.

The St. Louis Medical and Surgical Journal published, in its July issue, an excellent review of the volume, and we have pleasure in reproducing it. It is a splendid tribute to the work of this organization :

“The volume before us is fully up to the high standard of the former ones issued by the Southern Surgical and Gynecological Association, and is the best evidence possible, both of the good work done by this society and of the maintained interest of its members. There are thirty papers which appear, not a single one of which is not good. All are carefully prepared essays of real worth and practical utility, such as we would naturally expect from their authors. * * * *

“The fact that the North and East, as well as the West, have sent some of their best men, is sufficient proof that the meetings of the Association are to be ranked among the leading medical events of the country. The South has shown in this manner of what metal it is made, and has not only shed lustre upon its medical men; but has helped, in a most marked manner, in calling the attention of medical Europe to the capabilities of our surgeons and gynecologists.

“Among the many papers which are to be found in the volume before us, there is, perhaps, none more in-

teresting than that of Dr. Edmond Souchon, containing reminiscences of Dr. J. Marion Sims, in Paris. We are more than pleased that this piece of medical history has been given by one who was there, and an eye-witness to the various circumstances which he relates. The narrative is certainly one which every American physician and surgeon should read, as it is a most graphic account of the successes achieved by one, if not the greatest, of gynecologists that ever lived, and one whose name will ever be enshrined in the hearts of America's medical men. It gives us fresh reasons to feel proud of our countryman and his achievements.

"Did we have space, we would like to review the papers *seriatim*, but it may be stated, in general terms, that all are excellent and creditable to the authors. The volume is gotten up in most excellent shape, the binding, like that of former volumes, being artistic and even luxurious. The paper and printing are also beyond criticism, being in Dorman's best style. So far as the editorial work and arrangements of the contents are concerned, they are done in the usual pains-taking and finished manner which has always characterized the work of the secretary, Dr. W. E. B. Davis, of Birmingham, Ala. Without desiring to flatter him too much, it is only justice to add, that it is principally to his efforts that the success of the Association is due, and he has been wisely retained as its secretary since its beginning. He has produced most excellent volumes, and has clearly demonstrated that he is the right man in the right place, whose efforts will always bear fruit in the way of maintaining the high standard attained by the Southern Surgical and Gynecological Association."

CARE OF THE BABY—A MANUAL FOR MOTHERS AND NURSES.
By J. P. CROZER GRIFFITH, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Philadelphia: W. B. Saunders. 1895. Small 8vo. Cloth, \$1.50.

The doctor is not expected to know everything, but there are some important matters pertaining to the

practice of medicine with which we should be familiar. Among the chief things is the care and management of the baby. The book before us is brim full of valuable suggestions, which is not only intended to furnish the nurse with important information, but the physician himself. By carefully reading its pages, any physician will be able to reach the conclusion that the suggestions made by the writer are to the point, and will enable the doctor to refresh his memory on many important matters with reference to the new born. The toilet, clothing, feeding, exercise, sleep, nurses, rooms, etc.—in a word, all that concerns the baby in health, and the common diseases, are plainly set forth.

BULLETIN OF THE AMERICAN MEDICAL PUBLISHERS' ASSOCIATION, NEW YORK.—The first number, issued July, is a great help to medical journalists. It is well edited by Drs. P. H. Fairchild, Ferdinand King, Mr. J. McDonald, Jr., of New York City; Mr. Charles Wood Fassett, of St. Joseph, Mo.; Dr. J. C. LeGrand, of Anniston, Ala.—the editorial staff elected during the recent session of the Association in Baltimore. We but voice the opinion of the Association in saying, that the work is admirably done. Quoting from the editorial: "We have already enlisted in the Association a very reasonable per centage of the journals of this country, and it is confidently hoped, through the instrumentality of this monthly *Bulletin*, the remainder may be drawn into the fold." Sixty-eight journals are already members, and we are informed by the excellent secretary, Mr. Chas. Wood Fassett, of the *Medical Herald*, of St. Joseph, Mo., that the list is being constantly added to. A prominent feature of the *Bulletin* is the report on advertisers, a key being furnished only to members of the Association.—*Va. Med. Monthly*.

The Alabama Medical and Surgical Age.

VOL. 7. SEPTEMBER, 1895. NO. 10.

Original Communications.

THE SURGICAL TREATMENT OF EMPYEMA.*

By J. A. GOGGANS, M. D.,

ALEXANDER CITY, ALA.,

Fellow of the Southern Surgical & Gynecological Society; Fellow of British
Gynecological Society.

ANCIENT WRITERS, from the days of Hypocrates and Galen, recognized and treated this disease by thoracentesis and thoracotomy; still, their knowledge of the pathology of the disease must have been quite limited. I regard empyema as a disease of far more frequent occurrence than it is generally supposed to be, and from the statistical reports, taking into account the etiology and pathology of the disease, that $\frac{2}{3}$ of all cases are of simple origin, most generally a sequel of pneumonia, and presenting the characteristic pneumococcus of Frænkel and Weitzelbaum. Therefore, from being a disease, as formerly held by Sir Astley Cooper, always fatal when these operations were performed, it

* Read before the Bi-State Medical Society of Alabama, Georgia and Tennessee.

has, under aseptic management, become most amenable to treatment. Since every case of empyema presents its own clinical phenomena, no single line of treatment can ever be adhered to; consequently, much more valuable information may yet be acquired by carefully studying the clinical history of each case.

The plan of treatment known as the surgical treatment is the one which has recently been the most successfully employed. Spontaneous cures are so rare that surgical interference is the rule.

There are many modes of removing pus from the the pleural cavity, but they may be classified under two general headings :

First. The closed method, which consists in removing the pus by simple puncture with a trocar or aspirator needle, and allowing the puncture to heal at once.

Second. The open method, which consists in making a more or less free incision, and the introduction of a drainage tube to maintain the perfect evacuation of the fluid, to permit of irrigation, and promote free ingress and egress of air that has passed through an antiseptic dressing.

The relative value of these methods, viz.: aspiration, rib resection, and free opening with drainage, can only be determined by statistics. The age of the patient and the pathology of the disease present has much to do with the character of surgical interference.

The statistical results in children cannot be favorably contrasted with those obtained in adult life. This difference in the per centage of mortality is explained by the fact, that the etiology and pathology of empyema

in childhood, in a vast majority of cases, is much more favorable to recovery than when the disease is developed in adults.

It is now a generally accepted theory, that empyema, like all other suppurative conditions, is due to the presence of microbes ; therefore, we are naturally brought to the following classification of empyema, based on etiology, pathology and prognosis :

First. Simple empyema as a result of the entrance into the pleural cavity, usually by accidental means, of any of the common pus producing microbes, such as are in simple wounds, the introduction of a filthy needle, or rupture of a simple abscess.

Second. Empyema as a result of, or sequel of, pneumonia, the pus present being infested with the pneumococcus of Frænkel.

Third. We have cases of empyema as a result of the entrance of pus-producing microbes through the lymph channels, as occurs in wasting diseases.

Fourth. Empyema as a result of the entrance into the pleural cavity of the bacillus of tuberculosis.

Fifth. We may have empyema developed in cases of general pyemia.

It will be seen, then, that empyema comes near to being a symptom of quite a number of pathological conditions, rather than being a distinct disease itself.

Now, it is not my purpose in this paper to deal so much with the technique of the different operations for the removal of pus from the pleural cavity, but to point out if possible the particular line of treatment, guided

by the age of the patient, the etiology and pathology of the given case.

According to my experience, and I think that it coincides with that of many other operators, aspiration has many advantages in a large majority of cases of empyema developed during childhood. It is a simple operation, can be performed without general anæsthesia, and the undeveloped condition of the chest favors lung and thoracic expansion. Besides this, statistics prove that aspiration is very frequently followed by recovery in this class of cases. The statistics of 175 cases give as a result only 12 deaths.

But, there is a difference of opinion as to the number of aspirations that should be performed before resorting to the operation of thoracotomy. I think, however, that the decision should depend upon the character of the fluid and the condition of the patient. To illustrate this, I will refer briefly to my own cases, which are sixteen in number, seven of which were under 9 years of age, and nine between the ages of 18 and 86 years.

The first case, aged 7 years, was cured after eleven aspirations; the second, aged 17 years, after one aspiration; the third, a man 35 years, after two aspirations; the fourth, a man 58 years, after three aspirations; the fifth, aged 9 years, after three aspirations; and the sixth, a man 86 years of age, died after the third aspiration. The other nine were cured after the operation of thoracotomy. In all of my cases cured by aspiration, the disease was developed as a sequel of pneumonia. The number of aspirations will much depend

upon the age of the patient, as well as the systemic condition present. In children, the empyema is apt oftenest to be the result of pneumonia; and if the diagnosis is made early, before the patient is exhausted, many aspirations may be performed with safety before convalescence is established.

Again, when the pus is quite circumscribed, and only a few ounces present, aspiration can be confidently performed. On the other hand, if the patient is already much emaciated, no matter what his age may be, the operation of thoracotomy should at once be performed. You will observe that the results of operations on empyemic patients are very much better than twenty years ago, when Prof. Loomis, in his *Lectures on Diseases of the Respiratory Organs, Heart and Kidneys*, said "that the prognosis of empyema is always bad, and statistics show that, among empyemic patients in whom spontaneous openings occur, about one in five recover, while among those in whom artificial openings are established about one in eight recover."

A few writers have thought that it was unnecessary to remove all the pus by aspiration, but I think that we should remove as much as possible, lest fistulous openings be formed through the chest wall, or through the lungs. Still, it should not be removed if pain and dyspnoea be complained of, for the operation can be completed on the next day, or within a few days.

I wish to call special attention to the condition of patients just after the operation of thoracentesis. The histories of my cases illustrate this condition very forcibly, nevertheless I mention it here. Take, for example,

a patient aged from three to eight years, with the physical signs of empyema, a temperature of 103° F., pulse from 120 to 160, and the respirations from 30 to 60 per minute. Remove the pus by aspiration, and the following morning the temperature will be very near the normal standard, or perhaps a little subnormal, and, if recovery is to take place from this operation, the pulse and respirations will also be very nearly normal, with but slight elevation on the following evening. If, however, there is to be a reaccumulation of the pus, and hence a necessity for repeating the aspiration, the temperature will be nearly normal, or perhaps subnormal, but the pulse will remain at from 100 to 130, and the respirations from 40 to 60 per minute. From observations made during the progress of my cases, I have found that the rapid respiratory movement is the last symptom to disappear, and that there is no certainty in the success of the operation until the pulse and respirations fall with the temperature.

The cases cured by aspiration had a pleuro-bronchial fistula, and two of them expectorated large quantities of pus. Another never expectorated pus, but there was always considerable escape of air into the aspirator after the pus had ceased to flow, proving that a pleuro-bronchial fistula existed.

Another point to which I wish to call special attention is, that the results obtained by aspiration in my hands do not correspond with the idea advanced by *Dr. T. H. Manley, of New York, in a discussion of this subject before the New York State Medical Society, Octo-

*New York Medical Record, October 21st, 1893.

ber, 1893, in which he opposed aspiration, stating that he employed it up to the time of the discussion in Paris when Veruneil took strong ground against it as being injurious. Dr. Manley said that he had found in looking over this history of his cases in which he had aspirated, that none of them had lived longer than three years. You will observe that three of my cases were reported in a paper read before the Southern Surgical and Gynecological Society, Nashville, Tenn., November, 1889. Four others were reported in a paper read before the same society, Atlanta, Ga., November, 1890. All seven of these patients are still living, and enjoying very good health.

It must be remembered that, whatever mode of evacuating the pus is adopted, cleanliness, early incision and perfect drainage, with perfect ingress and egress of air that has passed through an antiseptic dressing, are the objects to be obtained in the treatment of empyema.

I believe there is only a small proportion of cases where rib resection is called for, nor do I believe that the operations of Estlander and Schede are regarded so favorably as formerly. In order to perform the operation of thoracotomy, a general anæsthetic should be used, and I am partial to ether carried to complete anæsthesia. The operation can then be performed carefully, the drainage tubes adjusted with precision, and the dressing applied without inflicting pain. The incision should be large enough to admit the finger, to permit the free escape, not only of the fluid, but of any fibrous masses or organic debris that may be present, which are apt to undergo decomposition, and thereby produce septicæmia and death.

In all of my cases, it was evident that the pleural cavity was almost obliterated within the two or three days after thoracotomy was performed ; and, instead of producing dyspnœa and cyanosis, these symptoms rapidly disappeared after the operation. I used irrigations of warm water in most of my cases, and am convinced that they are irritating and injurious during the first two or three weeks following the operation. If the ribs are so close together that drainage cannot be maintained by simple incision and rubber tubes, or if, from inexpandibility of the lung, or any other cause, the pleural cavity fails to become obliterated, the operation of Estlander affords the best chances for thorough evacuation of the fluid and subsequent drainage.

THE PHYSIOLOGICAL AND THERAPEUTIC EFFECTS OF CINCHONA AND ITS PREPARATIONS.

BY DR. W. H. BELL,

OXFORD, ALA.

Read before the Medical Society of Calhoun County, Ala., July, 1895.

PERHAPS no greater remedial boon has ever been given to suffering humanity, particularly to that part within the tropical and temperate regions of our globe, than cinchona. Since the time of the Princess Cinchon, millions of our race have been spared days of untold pain and suffering ; and the premature clutch of the grim monster, Death, has been shaken from thousands by its timely use.

In the present consideration of this great remedy, we do not propose to recall the historical facts concerning its discovery, and the introduction of its use to the

world ; nor do we propose to consider the sources of its supply, the mode of its preparation, its chemical constituents and relations. We will consider briefly, first, its physiological effects, or the effects which it is capable of producing in healthy individuals ; and then its therapeutical effects, or those which it produces in morbid states of the system.

The cinchona preparations are astringent bitters. They act as stomachic tonics. They promote the appetite, the flow of gastric juice, and the digestive power. If given too long, they are apt to produce gastric catarrh, nausea and vomiting, and even diarrhœa. Locally they are irritants, and are known to possess antiseptic properties. They arrest putrefaction and fermentation by destroying the minute organisms on which putrefaction and fermentation depend.

When the crude bark is taken into the stomach, the alkaloids are dissolved out by the acid gastric juice, and being diffusible and crystalline, quickly osmose into the blood. If, from any cause, they pass into the small intestines, contact there with the alkaline fluids of that tube will precipitate them, and they will pass out with the other unabsorbed contents of the intestine.

They are probably held in solution in the alkaline blood by the carbonic acid. Quinine has several marked actions on the blood. It impairs the power of hæmoglobin to carry oxygen to the tissues. It diminishes the number of white blood corpuscles, and inhibits their amœboid movements. It affects, also, the rapidity and force of the heart's action. In small doses (2 to 5 grs.) the action of the heart is increased. Large doses (40

to 60 grs.) retard its beat and force. This feebleness is probably due to its action on the cardiac motor ganglia. It also depresses the vaso-motor system, after a short stimulation. The movements of the heart are quickly arrested by immersing in a solution of quinine.

Small doses do not affect the normal temperature of the body ; but in large doses a fall of about $\frac{1}{2}^{\circ}$ F. takes place. This is probably due to the interference with the oxidizing power of the blood. It has been proven by Kerner and others, that it prevents the elevation of the temperature produced by certain physiological acts, as active exercise, etc. The cutaneous secretion produced by active exercise is also prevented by sufficient quinine. In small doses it has a stimulant effect on the cerebrum, and increases the mental activity. In full medicinal doses, there is produced a sense of fullness in the head, constriction of the forehead, tinnitus aurium, more or less giddiness, dullness of hearing, rarely permanent, and amblyopia. Toxic doses augment these symptoms, accompanied by a slow, weak pulse, dilatation of the pupils, convulsions, stupor and death. Death from it is rare, however.

Its effects on the spinal cord are *sub judice*. On account of its depressing effects on the functions of the sympathetic system, it is not, *a priore*, a abortifacient, although it is claimed by some to produce abortion. When uterine inertia is due to depression of vital forces, in stimulant doses it may energize the contractions. The abortions it has been reported to produce were probably caused by malarial poisoning. Occasionally it causes a cutaneous eruption. In large doses it may produce

dysuria, and in some hematuria and irritation of the bladder. Large doses diminish the excretion of urea, uric acid, phosphoric and sulphuric acids. Its action on the spleen is *sub judice*. It is eliminated for the most part by the kidneys. It also diffuses out of the blood into the sweat, saliva and milk. It has been found in the urine in ten minutes after the hypodermatic injection. According to Thau, from $\frac{1}{2}$ to $\frac{1}{3}$ escapes in the first six hours; but the excretion is not completed until two days after the administration.

Quinine is used in many diseases. It is used: 1st, antiperiodic; 2nd, tonic (reconstituent); 3rd, stimulant; 4th, depressant (antipyretic); 5th, antiphlogistic (equalizer of the circulation); and, 6th, parasiticide.

It is *the great* antiperiodic in malarial diseases. The reason of this, some believe to be its destructive power to the malarial germ, which they consider to be the cause of all malarial disease. This theory is very plausible; but, whatever its *methodus medendi*, whether it destroys malaria by killing the germ, either by means of its antiseptic properties as it circulates in the blood, or by means of its effect through the nervous system; or whether it counteracts the poison in some other way; clinical facts have proven it to be the greatest of all remedies in the prevention and cure of malarial diseases, intermittent and remittent fevers, and all diseases of malarial origin, characterized by periodicity.

The effects of quinine are perhaps most strikingly displayed in the treatment of intermittent fever, the non-pernicious and uncomplicated forms of which it rarely, if ever, fails to control. The mode of using

quinine for the cure of intermittents has been by one author given as follows: "The antipyretic is nearly equally effective, whether administered in the interval or during the seizure. If time is an element of importance, no delay is necessary in order to give the remedy in the stage of apyrexia. To save the suffering and exhaustion of the febrile movement, the attack should be anticipated and, if possible, prevented. As the maximum effect of the quinine is attained in about five hours after being taken, it should be administered this period of time at least before the expected paroxysm. As the elimination of quinine takes place with considerable rapidity, the maximum curative effect is obtained by the administration of the whole amount required in a single dose, rather than by a succession of small doses."

Cathartics, calomel, blue mass, etc., may be given before the quinine; but it is not necessary to wait for preparatory treatment, as it has been proven indisputably that, given during the paroxysm in depressant doses, no preparatory treatment having been used, the paroxysm has been shortened, and the disease checked. After the paroxysm has passed, the object should be to prevent another. Perhaps the best method to accomplish this is to give 5 grs. during the sweating stage, and repeat every three or four hours till cinchonism, as indicated by *tinnitus aurium*, is produced. Some prefer to give 10 grs. in the sweating stage, and the same quantity five hours before the time of the next paroxysm. The antiperiodic property of quinine is increased, and the cerebral effects of large doses diminished, by combination with morphine. To get the effects of the quin-

ine quickly, it should be given on an empty stomach and in solution. If the stomach rejects it, it may be given hypodermatically or by enema.

The septenary recurrence of the paroxysm should be anticipated by giving 10 to 15 grs. of quinine, meanwhile giving attention to the organs damaged by the malarial infection. In the treatment of remittent fever, some use first emetics, purgatives, baths, etc., to secure a distinct remission for the administration of quinine. Others give it in large doses at once without waiting for a remission, depending on its apyretic effect. The latter plan is doubtless the better. Give 20 to 30 grs. in single dose once or twice a day till the temperature is reduced to normal.

In the pernicious or congestive forms of intermittent and remittent fevers, the early administration of large doses of quinine, in combination with stimulants, is imperatively demanded. Here it may be necessary to use hypodermic injections of sulph. quinine. Quinine is to be used in all the periodical affections of malarial origin. In all the neuralgic disorders of the nervous system, caused by malaria, quinine is beneficial, as tic douloureux, cephalalgia, cervico-brachial, etc. Also, epilepsy, chorea, asthma and summer catarrh, when produced by malarial influences. Also, diarrhoea, dysentery and jaundice, when they are due to the same cause. The three months colic in infants, that comes on in the evening, is frequently caused by malaria, and hence is relieved by quinine. Some regard quinine as hurtful in malarial hematuria; others, and a majority, regard it as beneficial. As a prophylactic against malarial fevers it is very efficacious.

The preparations of cinchona stimulate the gastric juice, and are much used as stomachic tonics. In atonic dyspepsia they promote the flow of gastric juice. In gastric catarrh, and particularly that of drunkards, they are useful in combination with the mineral acids.

Quinine is a most valuable reconstituent tonic in cases of debility. In moderate doses it promotes constructive metamorphosis. This is due, perhaps, to its stimulant effect on the digestive function, and the retardation of the combustive process. To produce this, it is best to be given with iron and arsenic. As a stimulant in shocks it is inferior to alcohol, but more lasting in effect. Hence, it is of greatest utility in shocks after grave surgical operations.

The depressant or antipyretic power of quinine renders it very valuable in conditions of pyrexia. In such states it is best given in large dose, repeated when necessary.

It has been used in typhoid fever; but it should be administered only in tonic doses in this disease, as it tends to increase the intestinal inflammation.

It is useful to arrest inflammation in its formative stages, as it retards the migration of white corpuscles. Given at proper time, a commencing fibrinous pneumonia, or a pleuritis, may be suppressed by a full dose of 20 to 40 grs. It is useful to abort a common cold. In these cases it should be given in combination with morphine.

In septicæmia, pyæmia, erysipelas, and puerperal fever, large doses—15 to 20 grs. every four hours—are beneficial.

Selected Articles.

"A MEDICAL STUDY OF THE JURY SYSTEM."

Dr. Crothers, of the *Popular Science Monthly*, says: The uncertainty of jurors, and the capricious, whimsical character of their verdicts, are accepted as inevitable, and explained as part of the natural weakness of the mind. It is assumed that, if the facts are clearly presented, a jury will give a common sense verdict, which will approximate the truth and human justice. Where they fail, it is due to the confusion of testimony, the misrepresentation of counsel, and the general perversion of facts. Many thoughtful men consider the judgment of twelve men, who are disinterested, superior and, on general matters of dispute, of far more reliable character than the judgment of one trained man. Yet literally, the verdicts of twelve men, based on the same set of facts, differ widely, and can never be anticipated; and, whether wise or unwise, are clearly due to other influences than the commonly supposed conflict of facts and motives of truth and justice.

While it would be difficult to doubt the motive and intent of the average juror to be just and fair in his conclusions, it would seem that certain conditions and surroundings make it impossible in most cases to either understand the case in question or the principles of equity involved. From a medical and scientific point of view, the average twelve men who are appealed to by the counsel and judge to wisely determine the issue of a case are usually incompetent naturally, and are general-

ly placed in the worst possible conditions and surroundings to exercise even average common sense in any disputed case.

In a noted trial at Hartford, Conn., out of a panel of 100 jurors, twelve men were finally selected, after a long, searching inquiry. Five of them were farmers, who worked hard every day in the open air, men who were unaccustomed to think or reason, except in a narrow way along their surroundings and line of work. These men all swore that they had not read any details of the case, although it occupied a large share of public attention, and had been discussed freely in all the papers. They were muscle workers, with but little mental exercise, living on coarse, healthful food, and sleeping from early evening to early morning. Of the rest of the jury, one was a blacksmith and two were mechanics, all steady workers; one was a horse trader, one a groceryman, one a retired farmer and trader, and the last man was an ex-railroad man who had no business. Every one of this jury was accustomed to be in the open air, and had not read details of the case, although he had heard it talked over. Not one of these men would have been chosen to take charge of any trust, or to decide on any matter outside of his every-day life—simply because, on general principles and from common sense observation, he would have been considered clearly incompetent. For ten days this jury was confined from five to six hours a day, listening to the testimony of the mental capacity and motives of the maker of a will that was disputed. Of course, they disagreed; and had they reached a unanimous verdict, its wisdom and justice would have been a matter of accident.

In a noted murder trial at Portland, Me., it was evident that the jury had been impressed favorably to the prisoner. The prosecuting attorney suggested to the sheriff that he invite the jury to church Sunday evening to hear a noted preacher. The topic of the clergyman was "God's Hatred of Sin, and DIVINE JUDGMENT." The attorney knew the topic and the intense dogmatism of the preacher, and calculated its effect on the jury. A verdict of conviction followed, due almost entirely to the sermon. The personal characteristics of the jury are often the only doors through which they can be influenced. Religious, political, and social or personal prejudices are often considered by counsel in the presentation of the evidence. In reality, the average jurymen becomes more incapacitated to rise above his prejudices, or to reason impartially, every day he is confined to the court room. At the end of a long trial he is utterly unable to form any new views, and nothing remains but his old prejudices, and these are often more fixed than ever.

The following record of a jurymen's experience was made by a carpenter of more than average intelligence. He put down each night his impressions: The first day he was impressed with the magnitude of the case and the sadness of the prisoner. He did not sleep the first night, for the reason that four men occupied one room. The air was bad, and two men snored loudly. The second day he tried to remember all that the witnesses said, and its bearing on the case, and at night was very weary and went to bed early, but was wakened and disturbed by the other jurors. The third day his head

ached, and he could with difficulty follow the testimony. His appetite was poor, and he was drowsy. The fourth day he was antonished to hear opposing evidence; statements which had been made by apparently honest men were affirmed to be false. He was shocked, and his first impressions and personal interest were disturbed. His head ached, and he felt weak and nervous; his appetite and sleep were broken. The fifth day he gave up all efforts to follow the testimony, or to understand what was said. He felt stupid and excessively tired. The other jurors began to complain of the food and the sleeping rooms, and had several quarrels with each other on religious and political matters. Foolish stories were told, and card-playing and personal boasting filled up the evenings. They all manifested disgust at the trial, and longed for the end, and declared they would never be caught in a similar case. On the sixth day the case was closed. The arguments of attorneys and the judge's charge seemed very dull and wearisome. He felt sick, looked forward to a release, and his interest in the case had died out. He could not understand why so much was said that was contradictory, and why the judge should not tell them the real facts of the case. In the jury room no discussion took place; each one voted "guilty" or "not guilty," and when they found the majority was "guilty," most of them followed the majority. Two of the minority became angry, and refused to vote for over a day, except in favor of the prisoner. They gave no reasons for their belief, only saying that they were right and the rest of the jury were wrong. Finally, one of these men was accused of having some personal object in voting for the prisoner, and after a short altercation he changed, and the other man followed him, and the verdict "guilty" was agreed upon.—*Med. & Surg. Reporter.*

Selections.

The Dangers of Antitoxin.—What seems to us the strongest argument yet brought against the employment of antitoxin as a specific for diphtheria, is conveyed as follows in a recent communication to the *Medical Journal*, by Dr. Samuel Treat Armstrong:

Those that heard Dr. Winters' very comprehensive criticism of the value of antitoxin serum in diphtheria, at the meeting of the Academy of Medicine on the 4th inst., cannot but feel that an important factor has been overlooked in the consideration of the treatment with this substance; and that factor is the globulicidal power of alien serum on the blood of an animal into which it is injected.

In a monograph on Transfusion of the Blood, published in 1875, L. Landois reported that the serum of the dog, the horse or the rabbit, dissolved the red globules of other animals with great rapidity. And in the last edition of Professor Stirling's translation of Landois' Physiology, there is the statement that, if the serum of one animal is transfused into an animal of another species, the blood corpuscles of the recipient are dissolved, and if there is a general dissolution of the corpuscles death may occur.

Dr. G. Daremberg (*Arch. de Med. Exp.*, 1892) stated that his experiments showed that, while the serum of an animal of one species did not destroy the red corpuscles of an animal of another species. If warmed to from 122° to 140° F., or exposed to the light for several days, the serum lost this globulicidal power.

G. Haymen, in his monograph on the blood, states that the serum of the ox more or less profoundly changes the blood of the dog, producing in it small emboli that

may involve the functions of organs, or even life itself. Microscopically, these emboli consist of degenerated elements of the blood, the hemotoblasts and the red and white corpuscles being altered by the serum. He specifically states that horse's serum produces phenomena similar to those caused by ox's serum. He further states that the urine is habitually suppressed and the kidneys are congested.

The tendency of alien serum to produce emboli has also been noted by C. Lazet (*La France Med.* 1891), who found that if the serum of a dog was mixed with the blood of a man, or *vice versa*, there were produced more or less pronounced alterations, and solid concretions were formed from the metamorphosed elements.

The author believes that it was this tendency of alien serum to form emboli, that caused the death of the seventeen year old girl in Brooklyn. And this toxic influence of serum *per se* explains all the unusual and untoward phenomena that have been reported in diphtheria patients treated by antitoxin serum. The post-mortem lesions found in the five year old child, whose clinical history is reported in the *British Medical Journal* for March 30th, correspond throughout with those observed by Haymen in dogs that died from the effects of alien serum injections, though the animals were given forty times as much serum as the human being.

Empiricism that has bacteriology as its sole foundation is as condemnable as any other form of that cult, and as prognosis is not yet a lost art, it seems absurd that the medical profession should accept the dictum that all persons whose nasal or faucial secretions contain the Klebs-Löffler bacilli, should be injected with antitoxin serum. There are many recorded instances in which the bacilli have been found in the secretions of

healthy individuals, and there are some recorded instances in which these bacilli have not been found in patients who clinically presented the phenomena of the disease, even to the secondary paralysis.

While antitoxin serum probably has a field of usefulness, it is evident that nice discrimination is necessary to designate wherein it lies.—*Med. Times.*

A Simple Expedient for the Treatment of Nocturnal Enuresis.—Stumpf, in the *Munchener Med. Wochenschrift* for June 11th, gives an account of a simple and apparently rational expedient, which he has successfully adopted in the treatment of nocturnal enuresis, especially in older children. He was led to try it on the basis of the fact, that the passage of even a few drops of urine through the sphincter vesicæ excites the action of the detrusor to such an extent that the call to urinate becomes almost imperative. It is well known how difficult it is to restrain the act of urination after even a small amount of urine has passed the sphincter vesicæ and entered the urethra. His theory is, that during sleep the sphincter of the bladder is apt to become relaxed, so that, as the child lies horizontally in bed, a little urine passes the spincter and enters the deep urethra. The irritation of this urine causes at once strong reflex action of the detrusor, and the bladder at once empties in a full, strong stream. It is a well-known fact, that in nocturnal enuresis in children, the urine does not leak away gradually, but the bladder is emptied at once, a point which is in support of this theory.

In order to prevent the passage of the urine into the urethra when the sphincter becomes relaxed during sleep, a simple expedient is adopted, namely, the elevation of the pelvis, so that an accumulation of urine of

ordinary amount in the bladder will gravitate back and distend the fundus, and not press against and tend to pass the sphincter. The elevation is secured by allowing the child only a single, small, flat pillow under the head, and placing one or two ordinary pillows under the thighs so that they lie at an angle of 130° to 150° with the horizontal spine.

This simple expedient was entirely successful in curing two inveterate cases, one of a boy of nine years, and one of a girl fifteen years old. It was then tried in twelve cases, and was uniformly successful. It was usually necessary to continue the treatment for three weeks, after which time the children were able to return to their former sleeping position without relapsing.

The writer has found it unnecessary to have recourse to the time-honored measures of limiting the amount of liquids, frequent waking up during the night, etc. The chief difficulty about the treatment is to see that the children maintain the position throughout the night. Small children, particularly, are apt to wriggle and toss about, and have to be watched, put back in position, etc. The method is therefore especially adapted to older children, in whom the position can more easily be maintained.

This method is certainly so simple, and apparently so reasonable, as to merit extended trial, especially as the time-honored methods of treating this pernicious habit are in so many cases unsuccessful.

It will be rather interesting if the elevation of the pelvis, which Trendelenburg introduced into abdominal surgery, and which has so extended and facilitated work in that field, should also prove of service in preventing children from wetting the bed.—*Boston Med. & Surg. Journal*.

A Case of Hepatic Colic Cured by the Ingestion of Olive Oil.—Gubb writes a note in the *British Medical Journal* for April 20, 1895, in which he points out that a great deal of scepticism has been felt and expressed in regard to the benefit alleged to have been derived from the ingestion of tolerably large quantities of olive oil in the treatment of hepatic colic. The fact that the oil, during its passage through the intestines, undergoes changes therein, and is voided in masses which bear a striking superficial resemblance to gall-stones, has on various occasions been used as an argument against the oil having had any share in procuring the expulsion of genuine gall-stones. A case which recently came under the writer's observation seems, however, to show that benefit can be, and is, derived from this treatment, whatever may be its *modus operandi*.

The patient was a gentleman, aged forty-six, who had a first attack of trouble in the region of the gall-bladder in June, 1890. It began with sharp pain associated with sickness, relieved only by repeated hypodermic injections of morphine. The pain recurred in paroxysms for a week, during which period he remained in bed. There was no jaundice, but the motions were markedly light in color. No search was made for a gall-stone. A week later the symptoms recurred along with the vomiting, and this time he was systematically purged by means of mineral waters, turpentine stupes and poultices being applied freely to the painful region; and the diet carefully regulated. No relief from the pain resulting, except by the aid of morphine, he was ordered hot baths every night for a quarter of an hour, and told to wear a piece of spongiopline over the liver. The symptoms having partially subsided, he was sent to the Engadine, with directions to take plenty of exer-

cise, and in six weeks he returned free from trouble. He remained free from pain until November, 1893, when the old symptoms returned, associated with intense jaundice. This condition persisted, at first with intervals of comfort for three weeks, until February, 1894. The intervals gradually became shorter, until at last he was never free from pain for more than thirty or forty hours at a stretch. Needless to say, that during this period the diet was carefully regulated, but without any effect either on the pain or the jaundice. On one occasion he tried the experiment of abstaining from food altogether for three days, but he felt worse after than before. The patient's condition was rapidly becoming one of some gravity, for he had lost nearly three stone in weight, and was practically incapacitated from attending to business. The gall-bladder was greatly distended and tender, and hard bodies could be felt on palpation. He was gradually becoming reconciled to the prospect of surgical interference as the only means of overcoming his trouble, when the author suggested the olive-oil treatment, without, however, any belief in its efficiency. The patient gladly agreed to try it as a last resort before having recourse to a surgeon, and towards the end of February he began treatment, taking 5 grains of calomel at night, followed by 8 fluid ounces of pure olive oil in the morning. He experienced no difficulty in swallowing the oil, which never provoked nausea, still less actual sickness. After the very first dose the pain ceased, and the motions became darker, evidently containing bile. In the course of two or three days they resumed their natural appearance. At the same time the urine, from a dark brown, became quite light in color.

It is now a year since he began the treatment, and eleven months since he discontinued it, and he has never

had the slightest return of the symptoms, in spite of the fact that he has long since abandoned all restrictions as to diet, though on the writer's advice he became an enthusiastic cyclist, and, weather permitting, takes daily exercise. No stone was ever detected in the fæces, though for a time, at any rate, the patient made diligent search, which was rendered very tedious by the presence in the motions of concretions of cheesy consistence, evidently due to the partial saponification of the oil. Nothing can at present be felt in the region of the gall-bladder, and the patient is in every respect in the best of health.—*Therapeutic Gazette.*

Treatment of Acute Specific Urethritis.—

Corlett (*Western Reserve Medical Journal*, Vol. iii, No. 8,) states that the management of acute anterior specific urethritis, which has given the best results, is as follows :

1. *Abortive.*—Immediately after exposure cleansing the parts and injecting into the fossa navicularis some bland, slightly astringent, acid lavage, such as equal parts of claret wine and water, or water acidulated with vinegar, to which resorcin may be added in the strength of three per cent.

2. During the first week of the disease the patient should be given a light, non-stimulating diet, such as milk, eggs, dry bread, etc. Tea and hot water may be partaken of freely. A tablespoonful of the infusion of triticum repens four or five times a day may be given. If much pain or smarting is complained of, 10 grains of potassium acetate, well diluted, or the tablets of salol and boric acid, to be taken before meals and at bed-time, will often afford relief. Absolute interdiction of coitus throughout the disease.

3. After the painful stage is passed, the Lafayette mixture, as modified by Bumstead, should be given internally.

℞ Bals. copaiba,
Spts. nitrici dulcis, of each ʒi ;
Liq. potass, ʒii ;
Extr. glycyrrhizæ, ʒss.
Misce et adde
Ol. gaultheriæ, gtt. xvi ;
Syr. acaciæ, ʒvi.

Sig.—A tablespoonful in water before meals.

4. When the discharge assumes a watery appearance, and no complications are present, an injection of—

℞ Pot. permanganate, gr. i ;
Aqnæ dest., ʒx,

may be used once or twice a day after urinating. A syringe holding two ounces should be used.

Drainage in Abdominal Suppuration.—Barker (*British Medical Journal*, May 25, 1895,) details four cases in which there was an undoubtedly septic condition in the abdominal cavity. In three of them there was a definite abscess, and in two at least there had been a diffused peritonitis, which, in the last case, remained at the time of the operation, the exposed coils of small intestines showing flakes of recent lymph, and yet in none of them does there appear to have been any loss from the absence of drainage.

There are, of course, other cases of suppurative appendicitis, in which we have to deal with large collections of pus round a sloughing vermiform. In these drainage will always, perhaps, be considered imperative, and should be thorough. Some other varieties of suppuration, especially of the diffuse form, will also need

the most elaborate drainage. But what he particularly lays stress on is, that we must not be misled by our experience in the latter class of cases to push drainage too far. Because they require careful provision for the escape of much virulent secretion, it does not follow that in other cases in which the secretion is very moderate and localized, and not very virulent, after thorough examination, cleansing of the focus of infection, and removal of the exciting cause, it should be necessary to provide elaborate drainage for a secretion which the peritoneum itself can dispose of easily.

Another conclusion follows upon these considerations, if they be correct,—namely, that in those cases in which we open the abdomen for septic peritonitis, and regard drainage as indispensable, we may, in many cases, remove the tube at a much earlier date than has hitherto been the custom. The tube will have done all that is required of it, in many cases in the first twenty-four hours, and though there may still be a certain amount of effused fluid to be got rid of, what does not leak away through the chink left by the removal of the drain may often, not always, be left for absorption. It is for the surgeon of large experience in abdominal work to determine for each case which line he will adopt; but he suggests that where we can dispense with the drainage-tube we will find it a great gain.

The Influence of Fatigue on the Auditory Functions.—The *New York Medical Journal* says that, in order to study this question, the author made examinations of twenty-four bicycle-riders, after they had ridden thirty-two miles in two hours and a quarter. Two of the men complained of subjective noises only, while in nearly all of them the perception of sounds by ærial conduction was less marked than in the

normal condition, and Rinne's experiment showed negative results. In the riders who were subjected to an examination with tuning-forks, a slight diminution in the perception of loud sounds was ascertained. The only lesion noticed was a slight hyperemia of the drum membrane.

The competitors were again examined after a rest of from two to seven hours, and in six of them the auditory power was found to be the same; in two it was not so good, and in the sixteen others it was better, the ærial perception having increased from a few centimetres to a meter and a half, and Rinne's experiments gave positive results. The men in whom the amelioration was the most marked, in whom, consequently, the hearing had undergone the greatest change, were those who had had little experience or training.

Physical fatigue, says the writer, evidently causes a temporary weakening of the auditory power. This fact demonstrates, besides, he says, that the effects produced by great physical exercise are not shown by muscular fatigue only, but they remotely affect the entire organism, and especially the nervous system, and the special senses, on account of the delicacy of their functions, are more likely to reveal the effects. The enervation shown by birds of passage after a long flight is a phenomenon of the same nature as that observed by the author in the examinations referred to.—*Med. & Surg. Reports.*

Abortive Treatment of Gonorrhœa.—Guiard's treatment of gonorrhœa, by means of frequent washings out with weak solutions of permanganate of potash, is certainly the most effective way to abort gonorrhœa. He uses a vessel of a capacity of about two litres for holding the solution; attached to this is a rubber tube two metres in length, fitted with a glass canula

and tap, so arranged as to be workable by the same hand that holds the nozzle in the penis. If the inflammation is confined to the anterior urethra, only a small quantity—about five or six grammes—is allowed to flow in, and then immediately voided. About half a litre is the utmost that should be used at one sitting. The best results are obtained with weak solutions, for example, 1 to 10,000, the maximum being 1 to 5,000. There should be two washings on the first, second and fourth days. On the third and last four days of the eight days' treatment, only a single washing out is advised. The results obtained are very satisfactory. The stains produced by the solution may be removed by a twenty per cent. solution of bisulphite of soda.

Case of Intestinal Obstruction by Worms.

—Davis (*Virg. Med. Monthly*, 1895, No. 12, p. 1210.) Worms are held accountable for numerous ailings of childhood, but it is certainly rare for them to cause intestinal obstruction. A boy, aged 4 years, with symptoms of intestinal impaction, which the father ascribed to worms, was given 2-gr. doses each of calomel and santonin every hour for five doses, and followed by 6 dr. of castor oil, with 4 min. spirits of turpentine. A scanty movement with two round worms resulted in 24 hours. A day later, child was suffering severe abdominal pain; pulse small and thready, temperature 100.5°; tongue heavily coated, brown and dry; nausea and vomiting at intervals; face wore an anxious expression. Abdomen was tender, and four or six nobules were felt on palpation. Diagnosis: Worms forming nodules and causing obstruction. Calomel and santonin were given in same doses as before three times, followed by castor oil, 6 drachms, with croton oil, $\frac{1}{3}$ min. Croton oil, min. $\frac{1}{3}$, was repeated in four hours, and again in two. In ten

hours the child passed a knot of ten worms. All but two nodules had disappeared from abdomen. Moist and dry heat were applied on abdomen, but in 24 hours there had been no movement, and two nodules remained. Four powders of calomel and santonin (same doses), q. 1 h., and followed in two hours by castor oil, 6 drachms, glycerine 1 drachm, and croton oil 1 min. This acted well, and two nodules containing twenty-seven worms were expelled. More worms were passed next day—in all, eighty-one. The temperature during the illness did not rise above 100°, and child made a good recovery.—*N. C. Med. Journal.*

The Benefit to Ear Patients from Nasal Treatment.—Gradle, Chicago, (*Journal American Medical Association*), from observations on this subject, draws the following conclusions:

1. Acute suppurative inflammation of the middle ear, if not treated (locally) has a tendency to become chronic, the tendency increasing with the age of the patient.
2. Chronic suppuration of the middle ear rarely heals without treatment. Neither acute nor chronic purulent otitis is influenced by nasal treatment, but the liability to relapse after their cure is decidedly lessened by the removal of naso-pharyngeal anomalies.
3. Acute catarrh of the middle ear will generally terminate in complete recovery under aural treatment, and sometimes even without it, provided there are no persistent nasal or pharyngeal lesions. But when these are present, the disease is more likely to become chronic in spite of aural treatment, and in many instances can either not be cured, or if improved will speedily relapse unless the normal state of the nose and throat is restored.
4. Proliferation or adhesive disease of the middle ear is the consequence of retro-nasal catarrh, and its course is determined by the duration of the disorder causing it. Aural treatment alone is practically useless in this form of trouble, while nasal treatment, if successful as far as the catarrh is concerned, will also arrest the ear-disease. The restitution of hearing, however, depends on the length of time the disease has lasted, and is often aided by ear-treatment after the cure of the retro-nasal catarrh.

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The Consultant.

The Maryland Medical Journal, of August 10th, has a short editorial which contains the following suggestions on the subject of consultations :

The young man, the timid man, and the man perplexed, needs a consultant, and whether this consulting physician is asked for by the physician, or by the family, he comes, gives his advice and leaves, and in many cases there is little satisfaction to the patient, to the attending physician, while the family is told in every case that their doctor is doing all that can be done. This is the sphinx-like remark whether the attendant is a fool or actually on the right track. For if the consultant offends the attendant, who is a good friend, that ends all his consultations in the future with this particular man.

The consultant's position is no sinecure, for he will either offend the attendant or the family, and in many

cases the family will wish to dismiss the regular attendant and have the consultant take charge, and they cannot understand why this plan is not feasible, and then they rail against medical etiquette. As a matter of fact, it does seem hard that the family cannot have just what physician they wish, and that they are obliged to stick to one physician when they think another is better.

Medical etiquette is a sealed book to the laity, and yet when a judge, in endeavoring to settle a dispute on ethics between two physicians, said that he could not make much out of medical etiquette, but if the two physicians would go home and behave like gentlemen he thought that the trouble would be cleared up, he probably understood the matter. If a man is a gentleman in the correct meaning of the word, and acts to others as he would have them act towards him, he will need no medical etiquette.

That consultants have tricks, and use them, is certain. Indeed, the time may come when a school of consultation is established, and men will be taught how to conduct a consultation. The editor of the *Journal of Practical Medicine* tells the following story of a successful counselor, which should be studied by all would-be consultants:

“An acquaintance of ours enjoys a fine reputation as a counselor. He always has something to suggest which has not been tried, and always knows just what to do. Being favored with a call from him recently, we ventured to ask him why he thought he had this reputation, and to what did he attribute his success as a consulting physician. His reply was a surprise, and was

to the effect that he thought it was due almost entirely to one thing; and believing this, he certainly cultivated it more and more. This was : Keep well posted on all the new drugs, as fast as they appear. When called in consultation, you can mention one or two with quite a certainty that they had not been tried. This has novelty to recommend it, at least."

Medical Etiquette.

Dr. Summers, editor of the *St. Louis Clinique*, calls attention to an important question, which deserves serious and thoughtful consideration by teachers in the Medical Colleges of the country. The doctor, in this month's issue of his excellent journal, says :

We have often wondered why, in the name of what's decent, respectable and progressive in medical education, there was never any provision made for the teaching of medical etiquette. It is all very well to say that a *gentleman*, like a poet, is born—not *made* ; but it is also a well recognized fact, that a little salutary instruction upon manners, as well as ethics, would not go amiss among the majority of medical students.

For instance, on leaving college not one of them has ever had instruction upon the manner of receiving a patient, of entering a sick room, of conducting his intercourse with his professional brethren, of dealing with the attendants and visitors of the sick room—to say nothing of those infinite details of conduct which go to make the daily life of a physician in city and in country, and upon which his ultimate life so materially depends. A great deal of the unpleasantness which springs

up in the practice of the medical profession between physicians is due to downright ignorance upon this point. We are in favor of having a distinct Chair of Medical Etiquette.

Roman Catholic Church.

The Pacific Medical Journal is forcibly impressed with the action taken by a recent convention of this church, held in the city of New York, and proceeds to express to the medical journals, and to the medical profession, its position in the following :

“ The great end and aim of the activity in sanitary science is the prevention of disease. Preventive medicine, so-called, is occupying the time and attention of many of the ablest scientists of our age. When an important sanitary association meets, the results of its deliberation attract the attention of the medical journals throughout the civilized world. We venture to say that there has not been any convention of a sanitary association in the United States that has done so much for the prevention of disease, as the meeting recently held in New York of the Catholic Total Abstinence Union Convention. We all know that most of the poverty, degradation, crime and pauperism in the Christian nations is the result of the excessive use of alcoholic liquors, and it is equally well known that these conditions keep our hospitals and insane asylums full ; and that they are incubators for orphan asylums, deaf, dumb and blind asylums, and homes for feeble-minded children. This Abstinence Union evidently has the sympathy and encouragement of the whole Catholic Church,

as the convention passed resolutions of thanks to Archbishop Corrigan and Monsignor Satoli. We hope this society will receive the encouragement and sympathy of the medical press throughout the country. The convention did not waste its time in devising methods to reform drunkards, it made a 'bitter attack on the liquor sellers, and asked those engaged in it to give up the business.' "

The Tri-State Medical Society of Alabama, Georgia and Tennessee.

The next meeting of this society promises to be of unusual interest, as is evidenced by the following partial list of papers. The meeting will be held in Chattanooga October 8th, 9th and 10th. There is every reason to believe that it will be more largely attended than any previous meeting. By request of the Secretary, Dr. Frank Trester Smith, we publish the following list of papers :

1. When to Amputate—Duncan Eve, Nashville.
2. Women as Physicians ; ought they be encouraged to enter the Profession—J. C. LeGrand, Anniston, Ala.
3. Syphilis—Jas. T. Jelks, Hot Springs, Ark.
4. A New Rapid Method of Treating Zona, with illustrative cases—A. H. Ohman-Dumesnil, St. Louis.
5. Synthetic Perineotomy in Laceration of the Perineum—R. R. Kime, Atlanta.
6. A Complicated Case of Obstetrics, with Rupture of the Uterus—E. T. Camp, Gadsden, Ala.
7. How to do Abdominal Section without Fuss, Feathers or Foolishness, and with Immunity from Sepsis—Joseph Price, Philadelphia,

8. The Nucleins and their Relative Place in Therapeutics—R. H. Hayes, Union Springs, Ala.

9. Iodide of Potash—G. A. Baxter, Chattanooga.

10. The Busy Practitioner and His Journal—Harold Havelock Kynett, New York.

11. Uses and Abuses of Cocaine—T. Hilliard Wood, Nashville.

12. The Treatment of Malignant Cutaneous Epitheliomata (Cancers)—A. R. Robinson, New York.

13. Bile in the Peritoneal Cavity—W. E. B. Davis, Birmingham.

14. Early Diagnosis and Vaginal Hysterectomy in Cancer of the Uterus—James A. Goggans, Alexander City, Ala.

15. Reflect—E. H. Sholl, Birmingham.

16. Necessity of Enucleation of the Eyeball—Flavel B. Tiffany, Kansas City.

17. Acromegaly ; Report of a Case—J. R. Rathmell, Chattanooga.

18. When Consumptives Should Go to Colorado, and Why—J. C. Minor, Hot Springs, Ark.

19. Tuberculosis—R. M. Cunningham, Birmingham.

County Medical Societies in Alabama.

A large majority of the counties in the State of Alabama have a medical society. That these medical societies have been fruitful of great good to the physicians who have taken an active interest, is evidenced by the splendid papers which are read at the meetings, and the discussion of important medical subjects.

The papers, the report and discussion of cases at

these meetings, from time to time, make it an occasion of inestimable interest and benefit to every physician who attends. The doctor who is broad-minded, liberal, progressive, and has a commendable pride in his profession at home, will not ignore the importance of attending the meetings of his county and city society. These meetings are educational, uplifting, quicken the energies, fire the ambition, and stimulate to more and greater study; and greater effort.

Let us read the biographies of many of the best and truly great men of our profession. We find them starting from some country cross-roads, or small town. By hard study, faithful work, and co-operation with the profession, many of them have risen to the highest pinnacle of fame, with their life and their works still living in the memory of a grateful people and an appreciative people.

It is not our purpose to criticise. If we have the right as a journalist, we have no disposition to do so; but let us speak the truth—the physician in this day of advancement (may I use the expression made by one of Virginia's most distinguished physicians?) is a fool, who refuses to co-operate with his home society. Your county or your home society should be first in your thought and work. Your refusal to be a member of your home society debars you from being a member of any of the important societies of America. Indeed, you may press the claim of your individuality, your individual conscious greatness; you may dream that you are impressing some good people, whom you would be glad to place on your list of patrons, with the idea that you

are a man of studious proclivities(?), and rushed all the time, and especially when your little medical society meets; but let us say, in the language of Mr. Lincoln: "You can fool part of the people all the time, and all the people part of the time; but you can't fool all the people all the time." We may add, that you can't fool the medical profession very much of the time.

We will be glad to hear from every society in the State, and shall take special pleasure in publishing the proceedings of the meetings, and also in publishing a list of all new members.

We hope that every member of a county medical society in this State will give of his time and means a sufficiency, to his home society, to obtain the very best results possible. Let us not, as true physicians, despise the day of small things. No greater encomium can be placed upon the monument of the physician, when he shall have finished his work, than that he was faithful to his profession, earnest in his desire to help his medical brethren to relieve suffering humanity; that he was broad and liberal-minded, big-hearted, and that he had a keen appreciation of his responsibilities, and availed himself of every opportunity to improve himself, and to help others.

Editorial and Miscellaneous Notes.

WASH (ANTISEPTIC).—Five per cent. of "Sennine" to 100 parts of water, makes an excellent antiseptic wash.

DR. HUGH MCGUIRE, son of that distinguished physician, Dr. Hunter McGuire, has located in Cumberland, Maryland.

DR. JNO. M. WHITESIDE, of Oxford, Ala., will go to New York about the first of October, and will spend a few months at the New York Polyclinic.

DR. NICHOLAS SENN, of Chicago, is spending a few months in Ireland, and is writing some interesting articles concerning the profession of that country.

PROTONUCLEIN, prepared by Messrs. Reed & Carnrick, is being prescribed by many of the very best doctors of the country, and hundreds of them are reporting good results. If you want to try this preparation, call on your druggist, or write Reed & Carnrick for a sample. Mention THE AGE.

DR. J. B. S. HOLMES, of Atlanta, Ga., who by the way has in the Halcyon one of the best equipped private sanitariums in this country, in a letter to many of his medical friends, invited them to make the Halcyon their headquarters while in that city during the Exposition this winter. This is very considerate on the part of the Doctor, and every physician who goes to the Exposition will receive a cordial welcome at the Halcyon.

SINCE the introduction of "Sennine" to the profession, I have been using it in appropriate cases with satisfactory results. In Vaginitis and Leucorrhea it is admirable, and it has proved especially efficacious in Pruritus. An especially obstinate case of the latter with a pregnant woman yielded after resorting to every method that had suggested itself to the writer. Improvement set in at once in this case with the use of "Sennine." At this writing the pruritis and irritations are entirely controlled. For ulcerations, specific and non-specific, it is equally applicable. In chancroidal sores it is, in my opinion, equal to any treatment that can be resorted to.

M. YARNALL.

Messrs. Theodore Metcalf, Boston, Mass.:

GENTLEMEN—I have received such great benefit from your new medicine, Kola-Koloid, that I cannot refrain from sending you an unsolicited testimonial. I have tried it in headache and nervous dyspepsia, and it has never failed to afford relief. For the horrible black despondency attendant on nervous prostration, it is a magical remedy. It has controlled and regulated the action of my irritable heart as nothing else ever did. Last and greatest—I have used it for fatigue and exhaustion following overdosing, and found myself so refreshed and reinvigorated as to be ready for any new exertion. Best of all, there has never been the slightest evil after-effect, but a permanent gain in strength and general health. Very sincerely yours,

R. Y. E. JOHNSON, M. D.,
Pardeeville, Wis., August 12, 1895.

THE *Woman's Medical Journal*, August issue, is before us. We congratulate the management of this excellent journal on the splendid improvement which is being made, and we are specially pleased that we are to have in this, the only woman's journal in the world, a photo., from month to month, of the most prominent women in the medical profession. The number before us contains the photo. of Mary A. Spink, M. D. If some of our American women must enter the medical profession, one so cultured and beautiful as the photo., in the August issue of this journal, can but be received as one who will adorn our profession.

ANÆMIC PATIENTS WHO HAVE MALARIAL CACHEXIA.—Dr. T. D. Crother, editor of *The Quarterly Journal of Inebriety*, published under the auspices of The American Association for the Study and Cure of Inebriates, and who is an authority on neurosis, writes in his last number as follows: Antikamnia and Quinine are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition. This combination is especially valuable in headache (hemicrania), and the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition.

THREATENED ABORTION.—GEORGETOWN, TEXAS.—*Dios Chemical Co.*: It is with great pleasure I do you justice to state publicly, that I have recently used

your Dioivurnia compound with much satisfaction. In dysmenorrhœa I think it has no superior, if an equal. I have given it in several cases of amenorrhœa with most excellent results, and owing to its antispasmodic effects, I prescribe it almost exclusively in cases of threatened abortion ; in such cases it acts almost like magic.

S. H. WEATHERFORD, M. D.

A DISAPPOINTED DOCTOR.

A streak of hard luck with difficult cases—
 Up every night 'till daylight or so ;
 Narry a smile on the sorrowful faces—
 All in distress wherever I go.
 Money not thought of ; never can get it—
 Rents overdue, and medicine bills
 Brought by a man who tries to collect it,
 And thinks I get rich by "peddling pills."
 Then restlessness conquers my quiet cerebrum,
 The fidgets get into my once quiet back,
 And nothing at all will ever relieve 'em
 Or help in the least this fearful attack.
 Confounded luck—seems always "agin" me ;
 Just when I'm going I'm put to a stop.
 The schemes I have lauded for sheckels to win me
 Are all at the bottom instead of the top.
 A firm resolution, a thousand times stated,
 Cracks like a crystal with one little stroke.
 The devilish hook, so brilliantly baited,
 Looks like a myth, and sounds like a joke ;
 Again I will try it ; look wise and attentive
 To business forever each moment I'll give ;
 Evolving a scheme from noddle inventive
 To buy enough bread, sufficient to live—
 And then, if rewarded like on former occasions
 I'll fill myself up on comforting booze ;
 From the free counter I'll gather my rations—
 With nothing ahead, I'll have nothing to loose.
—Clipped.

PROFESSOR LABADIE-LAGRANE has used antipyrin successfully in the treatment of certain uterine hemorrhages. It is difficult to introduce powdered antipyrin into the uterine cavity, so it occurred to him to use antipyrin liquified with salol, thus producing a medicament at once hemostatic and antiseptic. The following is the mode of procedure: Equal parts of antipyrin and salol are placed in a test tube so as to occupy about one-third the space; they are then heated over an alcohol lamp, when the mixture is soon transformed into a clear liquid with a slightly brownish tinge. This is not the time to use the solution, for it will solidify too rapidly. The heating is continued until a well-defined brown color is noticed, when there is no longer any danger of its rapid solidification. The liquid is introduced by means of cotton soaked in it and rolled on a wooden applicator; after seeing that the liquid is not too hot, the application is made through the speculum. If the hemorrhage is excessive, two applications are made at the same sitting, after which a tampon, soaked in glycerated creosote, is placed in the vagina and the patient sent to bed. The applications are free from danger and occasion no pain. Their hemostatic action is rapid, sure and complete; the hemorrhage is quickly stopped, and by the second day there is no trace of hemorrhage; it is rare that the application needs to be repeated. The method is efficacious against hemorrhage due to fungous metritis, to misplacements, fibromyomata, and also to malignant tumors in the beginning, when the hemorrhage is due more to congestion than to ulceration.—*Maryland Medical Journal*.

DR. I. N. LOVE, one of the brightest and most gifted writers in the medical profession, is on a vacation. He is spending a few months in Europe, and while there is spending much of his time in the important hospitals and attending some of their best medical associations.

THE TREATMENT OF GOUTY DEPOSITS IN THE JOINTS.—Among the most unpleasant features of chronic gout are the uratic deposits which occur in various parts of the body, and especially in the joints. These are commonly met with in the smaller joints—the fingers and toes—but are quite often observed in the larger articulations, such as the knee. In consequence of these hard, nodular masses motion in the affected joints is difficult and painful, and if present in large amount they may prevent motion completely and constitute a marked deformity. A large number of remedies have been suggested for the removal of gouty tophi, but with the single exception of Piperazine, the results have been far from promising. Considerable testimony is at hand, however, in favor of this new remedy, and among others, Dr. Scweninger, well known as the physician of Prince Bismarck, writes as follows: “In the course of my experience I have frequently had to deal with large stone-like gouty growths on the elbows, ears and eyelids, and in order to remove these, they were formerly operated upon. I, however, lately tried Piperazine, along with the usual other treatment to dissolve these growths, and have experienced some wonderful results. Piperazine proved very valuable in nephritic colic as well as gout. The cases of the latter,

about 115 in number, had already been treated in various ways, but without success, and in spite of that I can affirm that with Piperazine I have been successful in curing over 90 per cent. of the patients suffering from this complaint. During my experience, extending over many years, I have treated numerous cases of acute and chronic gout, on which I have tried many different remedies, but with none of these have I succeeded so well as with Piperazine." To obtain pronounced and prominent results from its use, Piperazine must be administered for some time. A convenient method of employment are the Tablets of Piperazine-bayer, each of which contains the average daily quantity which should be given in divided doses in a large amount of water.

SKIN DISEASES.—(Heine Marks, M. D., Superintendent and Surgeon in charge of the St. Louis City Hospital; Member of the American Medical Association; Member of the Missouri State Medical Society, and ex-Member of the Board of Managers of the House of Refuge.)—Some time ago, having had my attention drawn to the claims made by the promoters of Pineoline, of its efficacy as a stimulant and antiseptic agent in the treatment of various diseases of the skin, I concluded to give it a trial in the wards of the St. Louis City Hospital. I was the more induced by the fact that its composition included an active derivative of the pine, which has long been known to possess healing qualities of no mean order. I was then suffering from Seborrhœa of a chronic nature of the scalp, face and arms, and I somewhat reluctantly decided to try the

preparation upon myself as an experiment, to which I would not submit any of my patients. I had, however, but little faith in its efficacy, having previously almost exhausted the Pharmacopia in the way of external and constitutional treatment, without securing any permanent relief. It was practically because I had nothing else left to try that I concluded to use the Pineoline. I applied it locally three times a day, messaging the parts affected for from five to ten minutes with each application, and to my unqualified surprise and delight, in two weeks the eczema had entirely disappeared, nor has it since returned. During the time I was using the ointment, I merely supplemented the treatment with a simple laxative. Subsequently I used the Pineoline in from twenty to thirty cases of the various forms of eczema, which came under my charge as Superintendent of the St. Louis City Hospital, always with the same relatively admirable results.

THE EFFECT OF CREOSOTE ON THE VIRULENCE OF THE TUBERCLE BACILLUS.—Dr. Kington Fyffe rendered guinea-pigs tuberculous by injecting tuberculous sputa under the skin, and then administered creosote in different forms. He found that the inhalations of creosote lessened the virulence of the bacillus. When creosote was administered by the mouth in increasing doses, a very notable attenuation of the disease was manifested.

If the animals were made to live in an atmosphere saturated with creosote, the good results were striking. Upon autopsy no tubercular nodules were found, except at the point of inoculation. The same results were obtained by the administration of creosote by subcutaneous injections,—*British Medical Journal*, Sept., 1894.

THE disposition to seize every opportunity to dose the children was beautifully illustrated by a physician's experience not long ago. He was hastily called to see a youngster of three years, who had fallen out of a window about four feet to the brick pavement below, landing on his head. When he reached the scene, the mother, with pardonable pride in her presence of mind and domestic resources, exclaimed: "Oh, doctor, I knew that something ought to be done at once, so I gave him two teaspoonfuls of castor oil."—*American Med. Compend.*

ACUTE CYSTITIS—Resulting from gonorrhœa and presenting symptoms of distress and pain over pubes, frequent and urgent inclination to micturate, urine cloudy and depositing slight amount of mucus on standing.

CHRONIC CYSTITIS—Resulting from enlarged prostate, retained or altered urine, or from gout or nervous derangement—mucus or muco-pus rendering the urine more or less cloudy or opaque.

TREATMENT.—In addition to the mechanical treatment, usually essential in the management of disorders of this class, the administration of Lambert's LITHIATED HYDRANGEA is often of the greatest service. A practitioner of wide experience says—"I have used Lambert's LITHIATED HYDRANGEA on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis-urica, nephritic calculus and functional disturbances of the renal system, with excellent results and I consider it a valuable remedy for normalizing the renal function, for promoting

the active elimination of uric acid and to calm the congestive conditions of the kidneys and of the urinary mucous membrane."

BIRTH OF A CHILD WITHOUT RUPTURE OF MEMBRANES.—Forman (*Jour. de Med. de Paris*) observed this rare occurrence in the case of a woman, aged twenty-two, seven months advanced in her second pregnancy. She was suffering from pleuro-pneumonia, the temperature having risen to 103.6°. A few minutes after cupping glasses had been applied to the bases of the lungs the patient felt a desire to defecate; this was followed by a single pain which expelled the entire ovum with a little blood. Forman arrived a few minutes later. He found between the patient's thighs a big cyst with transparent walls. The mother was free from all the evils which may follow precipitate delivery; the uterus contracted well. The wall of the cyst was then cut; about a pint of amniotic fluid escaped. A female child was seen; there was no pulsation of the cord, but after active measures the infant breathed well and took to the breast. It weighed three pounds and six ounces, and measured over fourteen inches; the placenta weighed little under a pound. The cord was very gelatinous and measured 18½ inches in length. Judging from the position in which the ovum lay—outside the vulva—it seemed that the breech had presented, and that the placenta had been inserted very low down without being previa. The child lived only sixteen hours, and the mother had a bad attack of empyema. Forman quotes a considerable number of cases of membranes unruptured at birth.—*British Med. Journal.*

A STRANGE PHENOMENON OCCURRING IN A CASE OF GONORRHŒA.—I have been prescribing Sanmetto in nearly all urinary diseases for the past four years. I treated a case of gonorrhœa about three years ago, the result of which is without parallel. After treating the case four days considerable hemorrhage occurred, then followed the strangest phenomenon I have ever seen or read of—strings of muco-purulent consistency, resembling chicken guts, over a yard long passed from the urethra. This peculiar condition continued several days, when I thought of Sanmetto. After taking teaspoonful doses of Sanmetto every four hours for twenty-hours, he was relieved of the trouble, and recovered rapidly afterwards, using only two bottles. I should have reported this case sooner, but neglected it. I still prescribe Sanmetto when indicated.

I. N. DAWSON, M. D.

Duncansby, Miss.

MELACHOL.—The preparation Melachol is known to the public as a painless laxative and superior nerve tonic; to the surgeon, physician, general practitioner and specialist, it is known as a certain stimulator of the entire glandular apparatus of the human system. Scrofulous Ophthalmia, Ichthyosis, Chloasma, Jaundice, Hepatic Congestion, Gall-Stones, Chills and Fever, Incipient, Cirrhosis, Hæmorrhoidal Congestion or Hæmorrhoids, or forms of tertiary Syphilis affecting either skin or nerves, in truth any disease of the epithelial cell, even to cancer itself, is as magically controlled by Melachol as pains are subdued by morphine. It may

be taken, without fear, in any dose from ten drops to ten drachms, only observing that enough water be taken with it to make it palatable. No single remedy has been as successful in relieving the headache and general distress that follows a night of dissipation. Gold, celery, damiana, phosphorous, and a number of other remedies, have been recommended as efficient in restoring lost vigor ; among these, phosphorous in assimilable forms, undoubtedly stands at the head. Melachol contains phosphorous in a combination which makes it readily acceptable, and to this it probably owes its remarkable power. Being devoid of toxic properties, it may be safely recommended as a household remedy, and because of its non-irritant qualities, it is the safest remedy for domestic practice ; fecal impaction, typhlitis, and even appendicitis, has been cured by the prompt use of Melachol. Several cases of inflammation and enlargement, in which curretting had utterly failed to improve the conditions, have been restored to perfectly normal health by a systematic use of Melachol. It is well known that opium and liquor habits depend upon a weakened condition of the nerves, and that a restoration of nerve vigor, while it may not destroy the pleasures of indulgence in stimulation, nevertheless completely annihilates the craving for it. It is on this account that Melachol has been so successful as a cure. It is unlike some other remedies, for it takes people out of the mad-house, instead of putting them there, by causing a perversion of nervous and physiological functions.—*From National Board of Health Journal, N. Y.*

HALLUCINATIONS AND ILLUSIONS OF THE SANE.—Inglis (*Am. Lancet*) calls attention to the fact that while "the law has laid much stress upon the phenomena of illusions and hallucinations as being evidences of insanity, it is more and more clearly evident that these phenomena do not necessarily indicate insanity at all. They frequently occur in the sane, however, and play an important part in the deranged mental processes. Still, it remains true that perfectly sane people frequently have illusions or hallucinations, or both."

He reports some interesting experiences of his own of hallucinations, largely under the control of the will. One of these was a galloping horseman, who could be made to go fast or slow, or multiplied into a whole troop. Another experience was one of a pure beautiful color, without form. When present the color could be changed by effort or will, but could not be voluntarily produced.

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(Medical Department of Grant University,)
CHATTANOOGA, TENN.

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The Seventh Regular Annual Course of Instruction commences September 11th, 1895, and continues for six months thereafter.

HIGHLAND PARK SANITARIUM.—Dr. I. L. Watkins, of Montgomery, Ala., so well and favorably known to the profession of Alabama, has his splendid sanitarium at Highland Park open for the reception of patients. As will be seen by reference to the page in this issue, which gives a good view of his buildings, it is one of the best finished, and most comfortable and attractive buildings, and well as locations for a sanitarium, that can be found anywhere. The Doctor has spent much time and money to make this an ideal home for the sick. The splendid buildings, the beautiful grounds, the quiet and home-like surroundings, all contribute to make this a most desirable place for those who may need special treatment. Physicians who send patients to this sanitarium for special treatment can feel assured that they will receive at the hands of Dr. Watkins the most careful consideration and the very best treatment.

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(20)

DR. JNO. M. CROOK, a most elegant gentleman and one of the best physicians this county has ever contributed to the medical profession, is, we are glad to know, doing well in his new home, in Columbus, Ga.

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION will hold its next annual session in Washington, D. C., November 12th, 13th and 14th, 1895. This will be one of the most important meetings of this Association. There promises to be a large attendance, and many interesting papers will be read.

OUR esteemed contemporary, the *Maryland Medical Journal*, in recently commenting about State boards of medical examiners, makes some statements that we feel compelled to challenge. There is, perhaps, wholesome truth in the assertion that these boards have been made necessary by the lack of moral tone in college faculties. But when it asserts that there is an element of injustice in compelling a man to put himself a second time in peril of his future medical life after he has won his college diploma, we are of the opinion that it is a criticism which will not meet with general approbation.

Does our Maryland contemporary think it an injustice for a physician to be called upon to take a separate examination if he desires to enter the army or navy? Does it also think there is injustice in requiring separate examinations for hospital appointments? Surely the people of the State at large are entitled to quite the same degree of protection as our soldiers or sailors, or patients in hospitals. If it is wrong for the State to require the examination in the one case, it is equally so for the authorities to demand it in the others. We are sorry to take issue with the *Maryland Medical Journal*, which is so seldom at fault in its judgment and opinions.—*Buffalo Med. Journal*, May, 1895.

TO REMOVE A PLASTER DRESSING WITH EASE.—Dr. Gigli (*La Semaine Medicale*, No. 3, 1895), in order to facilitate the removal of plaster of paris dressing from limbs proposes the following ingenious plan: After application of the usual thin layer of absorbent cotton around the limb, parchment paper which has been previously moistened is wet and applied. Over this in the direction that the dressing is to be sawed open a good sized string, which had been well rubbed with vaseline, is laid on and the dressing then applied. The ends of the string are then tied together over the bandage. When in the course of time, the plaster dressing is to be laid off, the ends of the cord are untied, one tied to the end of a sufficiently long steel wire, which has been closely nicked, is drawn through the channel filled by the oiled string, and after each end of the wire has been attached to the handles of a chain-saw it is drawn to and fro until the plaster has been sawed through. Then the dressing is easily removed.

THE dress reform agitation as applied to women has had full swing for some time in the medical journals. Suppose, therefore, though admitting there may be need enough for such reform from a sanitary standpoint, we let the women rest for a while and give the men a chance to be heard on the same question, for assuredly there is some need of improvement in the attire of the sterner sex. With the unsightliness of some of the present fashions we may not contend in this place, except insofar as they relate to health. But there are one or two points that bear strongly on the

latter question that we wish to speak of in condemnation. The tight shirt band and high standing collar are not only abominations, but contribute to provoke headaches, disturbances of vision, vertigo and other cerebral perturbations. These reacting on the digestive and circulatory systems, may lay the foundation of, or excite into action, innumerable maladies that otherwise might go unexplained in their etiology.—*Buffalo Med. Journal*, May, 1895.

Book Notices.

THE POCKET MATERIA MEDICA AND THERAPEUTICS. A Resume of the Action and Doses of all Official and Non-Official drugs now in common use. By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine; member of the American Medical Association, etc., etc. Second edition, revised and enlarged; cloth, large 16 mo., 367 pages, price, post-paid, \$1.00; Detroit, 1895; The Illustrated Medical Journal Co., Publishers.

The second edition of this popular therapeutic work has had 67 pages added to it, besides typographical errors corrected, etc. A new and complete cross-index has been prepared, which renders the quick finding of a non-familiar drug possible. This is an important feature lacking in many ready-reference books. It is a "down-to-date book," and this with unique arrangement of its description of drugs and compounds secured for the first edition an order by cablegram for 1,000 copies from Baillière, Tindall & Co., one of the largest medical publishing houses in London; a compliment rarely paid any American book. It has also been a popular book with physicians, pharmacists and students on this side of the water, judging from the early exhaustion of the first edition.

The descriptive arrangement of the drugs is as fol-

lows: Alphabetically the drug, with its pronunciation, (officinal or non-officinal standing indicated), genitive case-ending, common name, dose and metric dose. Then the English, French and German synonyms. If a plant, the part used, habitat, natural order, botanic description, with alkaloids if any; if a mineral, its chemical symbol, atomic weight, looks, taste, how found, its peculiarities. Then the action and uses of the drug or compound, its antagonists, its incompatibles, its synergists and then antidotes. Then follow its officinal and non-officinal preparations with their medium and maximum doses. Altogether it is a handy volume for physician, druggist or student, and will be frequently appealed to if in one's possession. We believe it to be the most complete and exact of any of the books of its class now issued, and its moderate price is to be commended.

THE STRYCHNINE TREATMENT OF PULMONARY CONSUMPTION.—Next to rest and food, strychnine in large doses is the most important agent in the treatment of pulmonary consumption. Begin with 1-32 of a grain and gradually increase to 1-16, 1-10 or 1-6 of a grain or even larger doses, given four times a day. According to the author, it does not produce albuminuria or diabetes as is generally supposed. It alleviates the loss of appetite, the vomiting, the constipation, the nervousness and sleeplessness, the pain in the chest, the cough and expectoration, the dyspnea, the weakness of the heart, and acts as a blood-builder in an eminent degree. Its usefulness rests, of course, on its influence over the nervous system, and is another link in the chain of evidence which shows that in the great majority of cases pulmonary consumption is the direct result of primary disease of the pulmonary nerve supply.—*Thomas J. Mays, in College and Clinical Record.*

The Alabama Medical & Surgical Age.

VOL. 7. OCTOBER, 1895. No. 11.

Original Communications.

A STUDY IN DIAGNOSIS.

BY JEROME COCHRAN, M. D.,

STATE HEALTH OFFICER.

ON the morning of Saturday, September 21st, I got a telegram from Dr. B. S. Barnes, of Suggsville, Clarke county, Alabama, requesting me to come to Walker Springs to investigate a case of fever there that had exhibited suspicious symptoms. The patient was Mr. H. H. Miller. He was living when the telegram was sent, but died soon after. I left for Walker Springs by the first train, but as I had to wait over at Selma, it was ten o'clock on Sunday, September 22nd, before I reached the place. I found there Dr. B. S. Barnes and Dr. G. S. Chapman waiting for my arrival to make a post mortem examination. The following statements will give the history of the case :

STATEMENT OF MRS. H. H. MILLER.

Mr. Miller had been having chills and fevers off and on all the summer. He had a little fever on Sunday,

the 15th, but did not go to bed. He was employed on the work-train on the Mobile & Birmingham Railway, and went to work on Monday, 16th. He had a severe chill in the course of the day, and was brought back home on the evening passenger train very sick. He was in Mobile five weeks before this attack came on. She has heard Mr. Miller say that he nursed yellow fever in Jackson, Mississippi, and that he had yellow fever there when they had the great epidemic. Mr. Miller was brought home after nightfall, and she did not observe whether he was yellow at that time or not ; but he was very yellow next morning.

STATEMENTS FROM VARIOUS PERSONS.

Mr. Miller was a very dissipated man, and drank to great excess. On the day he was taken sick he drank very freely of a jug of whiskey which contained quinine and elixir vitriol, which was used by the men on the work-train to prevent chills. Soon after this he became very much excited, and said he was burning up inside. He was evidently suffering very severely. The man who carried him from the station, after nightfall, distance about one mile, in a buggy, said he had high fever at that time. Did not observe whether he was yellow.

STATEMENT OF DR. G. S. CHAPMAN.

First saw the patient on Tuesday afternoon, 17th of September. Temperature normal. Pulse about normal. Was very yellow. Felt great uneasiness about the region of the bladder, which made him think the bladder was full of urine which he could not pass. Introduced catheter twice, and drew off about six ounces of dark red urine. Patient has previously been from

time to time passing a few drops, which made spots on his clothing. Came back next day, Wednesday, 18th, and found the patient about the same. Patient had used the catheter and got a little of the same dark red urine. Still no increase of temperature. He was sweating freely at both visits. Saw the patient again on Saturday morning, when he was moribund.

STATEMENT OF DR. B. S. BARNES.

Saw the patient first on Friday morning, September 20th, at 9:45 o'clock. He complained of great distress in the region of the bladder. Some acceleration of pulse. Skin moist, but with disposition to dry. Temperature normal. At three p. m. marked febrile symptoms, but temperature was not taken. Fever increased to a positive degree. About 11 o'clock p. m. introduced catheter, drawing off about two drachms of dark coffee-ground fluid. Delirium began about 3 a. m., with fever and some coma. On Saturday, September 21st, about daylight, temperature was normal, and the pulse quick, weak, dichrotic. Coma increased up to 9 a. m., when he died. He commonly lay with his eyes shut, and would open them only when speaking, or when spoken to. Eyes had a smoky appearance. For some time before he died he spit up mouthfuls of black fluid, and about ten minutes before death had a sudden and very copious outflowing of black vomit—lowest estimate two gallons, highest estimate four gallons. It ran over the bed, and over the floor, and under the floor. With some difficulty, about half an ounce of this was saved.

POST MORTEM EXAMINATION.

This was begun at ten minutes past 11 o'clock, Sep-

tember 22nd, about twenty-six hours after death. *Rigor mortis* well marked. Skin over the whole body intensely yellow. Dark fluid oozing abundantly from mouth and nose—fluid slightly reddish. Cellular tissue intensely yellow. Omentum very thick and voluminous, full of fat, and intensely yellow. Peritoneal surface of bowels decidedly dark. Liver about normal in size and dark brown in color. Gall bladder full and distended with dark inspissated bile. Spleen enlarged, and dark brown in color. Stomach yellow, and smeared inside with black fluid. Kidney greatly enlarged, very friable, with fat in pelves—almost twice the normal size. Bladder contained a little black fluid—otherwise seemed to be normal.

DISCUSSION.

Here was a case well calculated to excite suspicion of yellow fever—a case of malignant fever, with intense yellow discoloration, and intensely black vomit, which made the characteristic black vomit stain on the sheets of the bed. The little community was intensely excited. A goodly number of them had nursed and visited the patient. There were rumors of a great deal of fever at Mobile, and a general feeling of uneasiness over the country. A correct diagnosis was therefore of great importance. After due consideration of all the facts, I decided that it was a case of hæmorrhagic malarial fever, and certainly not a case of yellow fever.

There was no history of exposure to yellow fever. He had no possibility of exposure to yellow fever except on the presumption that there was yellow fever in Mobile, and on the further presumption that he had

visited Mobile without the knowledge of his wife more recently than the visit five weeks before the fatal attack. I had good reason to believe that there was no yellow fever in Mobile, and I knew that an incubation of five weeks was impossible. The case did not present a fever of one paroxysm, which is so characteristic of yellow fever. On the contrary, it seems, so far as the imperfect records will allow of an inference, to have been of an intermittent type. He had fever on Monday, and again on Friday. There is no record of fever on Wednesday, but it is quite possible he had fever on the afternoon of that day. There is no record at all of the case for Thursday. But there was fever on Friday. If there was fever on Wednesday, the type was that of a tertian intermittent.

The dark red urine was undoubtedly hæmorrhagic. There is no such urine in yellow fever. The quantity on Tuesday was small—only a little more than six ounces, and the red urine of hæmorrhagic malarial fever is usually copious. It is quite possible that the red urine in this case was copious on Monday without having attracted attention, not having been passed into any vessel.

The black vomit was intensely black, and made stains on the sheets exactly like the stains caused by the black vomit of yellow fever. But it differed from yellow fever black vomit in one important particular—it was permanently black throughout, while the black pigment in yellow fever settles to the bottom of the vessel, leaving a clear supernatant fluid above the black sediment. I ventured to express the belief that this urine was

hæmorrhagic, and at the same time, that it contained bile—that is, that it was like the black vomit of yellow fever, which is hæmorrhagic, *plus* the black vomit caused by the action of the stomach acids on the elements of bile—there being no bile in the yellow fever black vomit. This prediction proved to be correct. Dr. Chilton Thorington, of Montgomery, kindly made a microscopic and a chemical examination for me. He found changed and unchanged blood corpuscles as the result of his microscopic examination, and reaction indicating bile in abundance as the result of his chemical examination.

The post mortem examination showed an entire absence of those evidences of fatty degeneration so characteristic of yellow fever. The liver was not box-wood, but dark slate or bronze in color. The spleen was much enlarged, and very dark; while in yellow fever it is normal in size and color, unless the yellow fever supervenes on a malarial cachexia. The kidneys are frequently enlarged in yellow fever, but in yellow fever I have never seen any such enlargement and disintegration as occurred in this case.

The pathologic condition was evident. We had a malignant case of malarial fever—with malarial intoxication—disorganization of the blood—renal and gastric hæmorrhages—intense congestion of all the abdominal organs—and the whole organism saturated with bile.

ARTIFICIAL INFANT FEEDING.

BY SAMUEL G. GAY,

SELMA, ALA.

Read before Dallas County Medical Society, April 3rd, 1895.

MR. PRESIDENT AND GENTLEMEN:—I take this occasion to present for your consideration the subject of "Artificial Infant Feeding." I do not propose in this paper to cover in full this important subject, but will try and speak of some general points that will be of interest to the general practitioner.

After the birth of the infant, when we find that, for some reason, the mother will be unable to nurse her child, we begin at once to look for an artificial food, comparing as nearly as possible in its intrinsic quality to that of mother's milk. When we look to the commercial world, we find a number of preparations, each claiming priority and excellence over all others by their respective manufacturers.

These preparations are too numerous to be mentioned in full, but with your kind indulgence I will speak of the ones most commonly used, and give you, as far as possible, the value of each as a food.

As you know, mother's milk consists of 13 parts solid and 87 parts water, to the 100 parts. The solids are fats 4 pr. ct., sugar 7 pr. ct., casein $1\frac{1}{2}$ pr. ct. Our object is to substitute an artificial food as near this formula as possible, in order to obtain the best results.

First—Let us speak of condensed milk, which is cow's milk with a large per centage of its water evaporated, and the addition of a large amount of cane

sugar. This milk should be diluted 10 or 12 times before using for an infant's food, as cow's milk contains 4 pr. ct. fat, 4 pr. ct. sugar, 4 pr. ct. casien. When condensed milk is diluted, in order to get the correct amount of casien, you have too small an amount of cream and too large an amount of sugar. This milk should never be used without the addition of cream to the amount of two-thirds as much cream as condensed milk, used before diluting.

Mellin's Food should not be used, for the reason that it contains too large an amount of cane sugar and no fats. It is but just to say, that the proprietors claim it contains no cane sugar, but experts claim that it contains a large per cent. of cane sugar.

Malted Milk is very similar to Mellin's Food, with the exception that it contains a very small amount of fat.

Imperial Granum should never be used under 8 or 9 months of age. It is $\frac{3}{4}$ starch, and infants can digest very little starch.

These preparations should not be used as permanent foods, but only substituted in cases of acute indigestion, diarrhoea, disorders, etc. Experienced observers claim that infants fed continuously on these foods, which are deficient in fats and contain too much sugar, teeth late, their bones are soft, and muscles flabby. Though they may be very fat, yet their flesh is soft, they walk late, and after their first year are more likely to develop rickets.

I have seen artificially fed babies brought into the clinics in New York, who, at 14 months of age, were unable to support their weight.

I will now speak of cow's milk, which is the only food that can be substituted successfully for mother's milk. As stated above, this contains in each 100 parts, fat 4 pr. ct., sugar 4 pr. ct., casein 4 pr. ct. These proportions may be slightly varied from day to day, but these figures form a good basis to figure on when preparing cow's milk for an infant's food.

It was formerly advised that only milk from one cow should be used, but later writers claim that milk obtained from a herd is best to be used, claiming that animals have their days of illness as well as human, and the milk from a sick cow, mixed with that of other healthy ones, will not affect the quality of the milk sufficiently to interfere with digestion.

Then there is more uniformity in the quality. Our success with this form of feeding depends largely upon the source, freshness and preparation of the milk used. This gives us very little uneasiness in small towns, but is an important matter in large cities.

After assuring ourselves that we have a good quality of milk, the next in importance is the preparation of it. There is diversity of opinion in matters of detail, but all agree that milk should go through a process of sterilization, especially during the warm season. There are two processes by which sterilization is accomplished—one is known as Pasteurization, which is heating the milk to 168° F. It is claimed that this temperature continued for thirty minutes to one hour, is sufficient to kill the ordinary germs of disease. The advantage claimed for this process is, that the milk is as easily digested as plain milk. It will keep only a short time,

while milk sterilized, or milk heated to 212° F., is not so easily digested, more likely to cause constipation, but will keep much longer.

With these objections to sterilized milk, the question might be asked, why sterilize it at all? I would answer by saying, that bacteriologists teach us that milk is one of the best mediums for the cultivation of germs. Therefore, sterilizing will act in two ways: First, it destroys germs which cause it to sour; second, it destroys germs which cause disease, namely, tuberculosis, scarlet fever, typhoid fever, diphtheria, diarrhoeal diseases, etc. At the same time, this is not strictly necessary, when the milk is clean, fresh, obtained from healthy animals, and properly cared for. The cleanliness of the milk can not be depended upon by those who ordinarily furnish us; consequently we are obliged to resort to sterilization to assure ourselves a wholesome milk.

Dr. Seibert, of New York, has proven by a series of experiments, that milk filtered through wet absorbent cotton will remove all the gross impurities, such as hair, dirt, etc., and will greatly reduce the numbers of germs contained therein, without altering in the least the amount of cream, or changing the Sps. Gr., unless so much filth remained in the cotton, which would explain the difference in the Sps. Gr. before and after filtering. This was proven by counting the germs and determining the amount of fat in the milk before and after filtering. He claims, for this reason, that all milk should be filtered before sterilizing.

I cannot pass this important subject without speaking of the care that should be taken with the nursing bottle, as this is a dangerous source of contamination. The bottles that should be selected for use are the graduated flask shape, or the round bottle with a short neck, large mouth as possible, and the capacity of 8 ounces. The nipples should be of black rubber, and have as few creases as possible. Each time after the bottle has been used, it should be washed with clean hot water, then filled with warm soap-suds, with soda or borax added, and allowed to stand a short time before using again. Then the washing should be repeated, and the bottle boiled for 15 or 20 minutes, when it is again ready for use. The nipples should be turned inside out, and boiled once a day. This does not injure them in the least.

The same care must be taken with the vessels that hold the milk as with the bottles. We will next consider the preparation of the milk.

In order to come to this, we must ascertain the age of the infant, the number of meals to be given in the 24 hours, the amount of each meal, and then determine the daily quantity of food to be prepared. Begin with the infant at birth. This is

DR. HOLT'S TABLE.

Age.	Number Meals.	Am't of each Meal.	Daily Quantity.
1st week	10	1 to 1½ oz.	10 to 15 oz.
2 to 4 wks	8	2 to 2½ "	16 to 20 "
6 "	7	3 to 3½ "	21 to 24 "
4 months	6	4½ to 5 "	26 to 30 "
9 "	5	7 "	35 "
12 "	5	8 "	35 to 40 "

The daily quantity is prepared by allowing one quart of fresh sweet milk to stand for 5 or 6 hours in a jar. Then dip from the top (not pour) 6 oz. of milk and cream. This is known as top milk, and contains, fats 12 pr. ct., sugar 4 pr. ct., casein 4 pr. ct. This is to be diluted with what Holt calls sugar-water, which is made by dissolving one table-spoonful of milk sugar (the only sugar to be used for infants) in 2 oz. of water. Dr. Holt gives three formulas, which he designates as A, B and C, and believes they will generally answer for the first nine or ten months. A is top milk one part or 4 oz., sugar water one pint or 4 oz., boiled, or barley water two parts or 8 oz. As you see, this makes 16 oz. When diluted in these proportions, it contains fat 3 pr. ct., sugar 6 pr. ct., casein 1 pr. ct. This will answer for the first three months of infant life. Formula B should be commenced at the end of the third month, and continued to the sixth. This is prepared by taking top milk one part or 5 oz., sugar water $\frac{7}{8}$ part or 4 oz., boiled or barley water $1\frac{1}{8}$ part or 7 oz. When prepared, this contains, fats 4 pr. ct., sugar 7 pr. ct., casein $1\frac{1}{2}$ pr. ct. Formula C, to be used from the sixth to the ninth month—top milk one pint or 8 oz., sugar-water 2.5 parts or 3 oz., boiled or plain water 3.5 parts or 5 oz. This has fats 4 pr. ct., sugar 6 pr. ct., casein 2 pr. ct. At this age, small quantities of starchy food are permissible. It is easier to prepare the food by adding the correct amount of each in a raw state and sterilize all together. Dr. Seibert prefers to determine the amount of food by the naked weight instead of age.

DR. SEIBERT'S TABLE.

Child's weight in lbs.	Total	Milk.	Water	Milk Sugar.	Time of Meals from 6 a. m. to 6 p. m.	Time of Meals 6 p. m. to 6 a. m.
3 to 4	1 oz.	$\frac{1}{4}$ oz.	$\frac{3}{4}$ oz.	$\frac{1}{4}$ teaspoon	1 bot. ev. 2 hrs	2 bottles.
5 " 6	2 "	$\frac{1}{2}$ "	1 $\frac{1}{2}$ "	$\frac{1}{2}$ " [full]	1 " 2 "	2 "
7 " 8	3 "	1 "	2 "	$\frac{1}{2}$ "	1 " 2 "	2 "
9 " 10	5 "	1 $\frac{1}{2}$ "	2 $\frac{1}{2}$ "	$\frac{1}{2}$ "	1 " 2 "	2 "
11 " 14	6 "	2 $\frac{1}{2}$ "	2 $\frac{1}{2}$ "	$\frac{3}{4}$ "	1 " 2 $\frac{1}{2}$ "	2 "
15 " 17	7 "	3 $\frac{1}{2}$ "	2 $\frac{1}{2}$ "	$\frac{3}{4}$ "	1 " 2 $\frac{1}{2}$ "	2 "
17 " 18	8 "	5 "	2 "	1 "	1 " 3 "	1 "
19 " 20		Pure.		1 "	1 " 3 "	1 "

With this form of feeding I have had no experience, but coming from such an eminent source, deserves especial notice. It is being used with great success in his practice and in his family. He is now feeding his youngest child (born during my stay in New York) with the same success. I ask pardon for mentioning the fact, that I have fed my own baby on cow's milk since birth, using a method very similar to Dr. Holt's, and with entire satisfaction in results. He has had no disorder that could be attributed to his food.

I believe, when filth and ignorance on this subject have been swept away by cleanliness and science, we can then hope for, and will have, as healthy infants fed artificially as those fed from the mother's breast.

SPRAINED ANKLE.

BY DR. M. N. DUE,

BIRMINGHAM, ALA.

Read before the Jefferson County Medical Society, September 9, 1895.

I FEEL half inclined to apologize to you for bringing so simple a subject as sprained ankle to your attention, but at the same time the frequency of its occurrence, I think, will act as a good excuse for taking a few minutes of your time. I have nothing new to

offer on the subject. The fact that, of eight cases seen and kept up with in the last three years, I have been unable to say that any of them are *entirely* well, has led me to more fully inquire into the reason why an ankle once subjected to a sprain is rarely ever the same ankle again as it was in the beginning.

Anatomy (Gray)—The ankle is a ginglymus or hinge joint. The bones entering into its formation are the lower extremity of the tibia and its malleolus, and the external malleolus of the fibula. These bones are united above, and form an arch, to receive the upper convex surface of the astragalus and its two lateral facets. The bony surfaces are covered with cartilage, and connected together by ligaments, as follows: Anterior, Internal Lateral and External Lateral. Of the ligament the internal lateral or deltoid is of great power—so much so, that it usually resists a force which fractures the process of bone to which it is attached. The movements of the joint are limited to flexion and extension. There is no lateral motion, and this accounts for the fact that this joint is so frequently sprained. In the majority of cases it is the external lateral ligament that is stretched, contused or torn. A man may be walking along, and may step upon a stone or any uneven place; the centre of gravity is transferred, and the entire weight is borne by the ankle joint during this mal-position of the body. The external lateral ligament being the weakest of the ligaments, if the force is at all severe, will in some point give way. Were there any normal lateral movement to this joint, probably sprains would be less common.

A sprain is a wrench of a joint of such force as to overstrain, and often slightly tear the fibres of the capsular ligament without dislocating the bones. Tendons also may be ruptured and muscles torn. Sometimes, too, the synovial membrane is contused or lacerated, giving rise to a synovitis, and small blood vessels are

ruptured, causing an extravasation of blood either within or without the joint. When the ligaments are injured, alone, pain will be found when these are put on the stretch by making extension and rotation, and at the same time, pressure over the points of their attachment. Swelling is not a predominant or constant symptom. When the synonial membrane has been injured, swelling anterior to the malleoli is a constant and marked symptom, due to an abnormal increase of synonial fluid.

Sayre says, that a very common occurrence and frequent agent in ultimate destruction of the tissues is extravasation of blood under the articulation, which, if constantly irritated by use of the part, may lead to the formation of an ulcer, which may finally involve the deeper structures. Naturally, we may have, as the first pathological change, inflammation, and this may involve any or all of the injured structures; or we may have synovitis, or syndesmetis, general arthritis or destructive ostitis.

In some cases there is total disablement of the patient, but in most cases he continues to use the joint moderately well during convalescence. Unless synovitis supervenes, caries and suppuration cannot easily occur. In the vast majority of cases, the symptoms are so slight, and give such small inconvenience to the patient, that he in a few days begins to use the joint, but there is a mechanical trouble which remains longer, and which in many cases is the real cause of all the subsequent pain and suffering. This is caused by the tearing of the small nerves and vessels, and which become entangled in the cicatricial tissue formed during the healing process. This, too, is no doubt the cause of so many who have, at some time in their lives, suffered from a sprained ankle, being able to tell, by a stiffness and pain in the joint, when we are to have a rainy day.

Treatment of any kind is unsatisfactory :

(1) The first requisite is rest in the horizontal position, though in some cases too much rest will be injurious by allowing the adhesions to become too strong.

(2) Hot or cold applications will give ease and comfort when pain is a marked symptom. Either one can be used according to whichever gives the most comfort, or whichever one is most convenient. Evaporating lotions are also good.

(3) Dr. Andrews, of Chicago, says that the liquid effusion poured out from the torn fibres into the tissues during the first forty-eight hours, are irritating like similar effusions after other mechanical injuries. It is highly necessary then to get rid of this fluid by absorption, or otherwise, as soon as possible. This can be accomplished by the application of bandages, roller or rubber, and by gentle massage.

(4) After the disappearance of all acute symptoms, the massage and bandages should be followed by passive and then slight active motion, in order that the great tendency to form adhesions may be lessened as much as possible.

(5) Where ankylosis or destructive osteitis take place, of course surgical methods will have to be employed. These rarely take place unless the injury is the result of severe traumatism, or in patients who are scrofulous, or who have a gouty or rheumatic diathesis.

Were this treatment followed, we would have fewer cases suffering from unpleasant and painful sequelæ. In the majority of cases, the patient is advised to go home and rest, and little or nothing is done to prevent the formation of adhesions, or to promote the absorption of effusions, and nature is left to do the work unaided. Nature always does the best she can, but in the case of the rupture of a ligament, where there is more or less destruction of tissue caused by contraction and the healing process, I believe that a little artificial aid will improve the condition of the patient, and prevent many unpleasant and painful results.

Selected Articles.

TREATMENT OF ASIATIC CHOLERA.**BY ELMER LEE, A.M., M.D., PH.B.****CHICAGO.**

Spasmodic cholera—called also malignant, epidemic, Asiatic, Indian, blue, and pestilential cholera—is generally epidemic, though not contagious. The first symptoms are generally experienced during the night, sometimes beginning with a light general uneasiness and moderate diarrhea; at other times the symptoms come on violently and follow each other rapidly. In fatal cases death usually occurs at some period between six and twenty-four hours; in a few fatal cases the patient lingers two or three days. The ordinary course of symptoms are more or less diarrhea; the discharges at first feculent, but soon presenting the appearance of rice-water or gruel; there are flying pains, or sense of coldness in the abdomen, as if purgative medicine were about to operate; the countenance is pale; there is nausea, vomiting, prostration of muscular power, and nervous agitation; cramps in the legs, arms, loins and abdominal muscles, more or less severe; small, weak pulse, intense thirst, and urgent desire for cold water; in most cases cold, clammy skin; all these symptoms may appear successively or almost simultaneously. In some cases the premonitory symptoms exist for eight or ten days; and sometimes the patient is prostrated at once. When the disease comes on suddenly the cramps usually begin in the fingers and toes, rapidly extending to the trunk; the eyes are sunken and surrounded by a dark circle; there is vomiting and purging of white matters mixed with flocculi; the features are sharp and contracted; the expression of the countenance wild and confused. The face, extremities, and often the whole

surface of the body manifest a varying intensity of a leaden, bluish or purplish hue ; the extremities shrunken, the nails blue, the pulse thready or wholly imperceptible at the wrist, arms, axilla, temple or neck; there is great restlessness, incessant jactitation, severe pain in the epigastrium, loud moaning or groaning, difficult and oppressed breathing; difficult inspiration, with short and convulsive expiration; voice hoarse, whispering, or nearly suppressed and plaintive; the tongue is white, cold and flabby, and the external temperature often sinks below 80 degrees; convulsions recur at short intervals, or a constant tremor exists. The secretions of bile, saliva, tears and urine are entirely suppressed, and a cadaverous odor exhales from the body. The patient retains his faculties to the last.

Some of the symptoms may be disproportionately severe, or may be entirely absent. Those usually regarded as pathognomonic are: watery dejections, blue appearance of the countenance or surface, thirst, coldness of the tongue, and pulselessness at the wrist.

The foregoing description of the symptoms of cholera is indicative of the nature of the disease calling for human aid. The time in which to treat the patient sick with cholera is exceedingly limited. What is to be done must be executed with rapidity. There is not a moment to lose between the time when the patient is first seen and the accomplishment of severely practical efforts. Many wise theories may be promulgated, but there are few practical measures that will avail against Asiatic cholera. The experiences during the cholera epidemic of 1892 in Europe, both in Russia and Germany, produced in me a profound conviction that, for the most part, remedial agencies that have been used are of questionable utility. Nearly every prominent remedy proposed and tried has been found to end in greater or less disappointment. Years ago, great

reliance was placed upon the far-famed "mild chlorid of mercury." Twenty and ten years ago this remedy was given in large doses. Three years ago, during the latest epidemic, small doses prevailed. Next to this, the synthetic drug salol, the product of the laboratory of the Imperial Institute of Experimental Medicine in St. Petersburg, was the most widely used and the most favorably received. Professor Nenski, the originator of salol, personally informed me that the value of the drug could not be seriously recommended as of much importance, but that it perhaps answered the requirements as far as any drug could answer, in the hands of his colleagues. Widely circulated and various reports, enthusiastically commending and moderately commending this remedy, were received by the Professor in St. Petersburg, but he himself was silent as to its efficacy. The far-famed and seemingly unmatched drug, quinin, has been used, and has been held as a dazzling gem before the eyes of the profession by some of our best men, who believe that cholera is analogous to malarial disorders, and consequently the medicine which occupies the position of keystone in the arch, for malarial treatment, is a remedy suitable to contend with the rapid and desperate symptoms of Asiatic cholera. Quinin has a stout advocate in our own country, in the person of a well-known professor in one of the Ohio medical colleges. It was not used, to my knowledge, in the treatment of cholera during the last epidemic in Europe.

A remedy was brought to Hamburg during the latter part of the epidemic of 1892, by the representative of an English syndicate, who posed as a chemist, not a physician. His remedy was a preparation of iodine, to be administered through the mouth. He called the medicine a periodate, and made some experiments upon patients in one of the cholera hospitals in Hamburg.

His remedy, however, was not favorably entertained by the medical authorities in charge of the cholera patients, and whatever claims were reported came through the interest of a friendly correspondent of one of the Hamburg weekly secular papers. To show how misleading some of our supposedly authentic information often is, it is only necessary for me to refer to the report given in the "Year Book of Medical Progress," published in Philadelphia. Of all the progress made, of all the combined investigations during the entire epidemic of cholera throughout Europe in 1892, and there was an immense amount of original investigation and great effort made to discover a remedy, the curious spectacle in the Year Book, which alone refers to the remedies brought by an agent of a syndicate from London to Hamburg, at the closing of the epidemic of cholera, shows that there are some things in our profoundest medical publications that are to be taken *cum grano salis*. Uretin was extensively used hypodermically for its alleged influence upon the secretions of the kidneys, upon the ground that the kidneys were to be aided by irritating them to greater functional activity to eliminate morbid elements through the urine. The result of many investigations recorded in Russian practice show that this drug is not to be commended. Digitalis was used, supposedly to benefit a weak heart. This remedy, if at all useful, could be little more than palliative. The use of acidulated water was extensively employed in different hospitals in Europe as a drink, but not prescribed as a remedy. The water was acidulated with HCl and H₂SO₄. Subcutaneous injections of salt water were made. The proportion of salt was one-half of 1 per cent., and the amount of salt water injected subcutaneously was sometimes as much as a quart at a single injection. In one instance, during an illness of several days, as much as thirteen quarts was subcutaneous-

ly injected into the cellular tissue, principally that of the abdominal wall. This process of subcutaneous injection was known as hypodermaclysis. The purpose of the hypodermaclysis was to maintain the volume of the blood. The diminished volume of the blood is directly the result of the waste of its liquid portion or serum into the alimentary canal. In this serous discharge, flakes of intestinal mucous gave the name of "rice-water discharges" to the bowel evacuations, the particles having a resemblance to grains of rice. The general inflammatory state of the intestinal mucous membrane, throughout its entirety, drains the blood of its liquid portion rapidly, and collapse due to stagnation of circulation quickly ensues.

The remedies mentioned are only a portion of those tried, but there is no living advocate who to-day can point with unerring certainty to one single organic or inorganic substance, howsoever administered, that can be safely depended upon in the treatment of Asiatic cholera. Both botany and mineralogy have been searched in vain for a cure for this disease.

The cause of this disease is perhaps accurately stated to be due to invasion of the blood, and, secondarily, of all the tissues of the living organism, by toxins or ptomaines, which originate in the upper portion of the small intestine at the early stages of cholera. These products of organic activity, whether of animal or vegetable organisms it is here unnecessary to debate; but these noxious products enter the circulation through the villi of the intestine, and rapidly and desperately poison the blood. It is clearly proved that the disease is the result of general blood poisoning from an intestinal origin. Whatever the chemic nature of the poison may ultimately be found to be, may be safely left to the bacteriologic laboratory. The practical and intensely important part that remains for physicians seeking to

cure patients in times of this disease is to realize how much, as well as how little, it is within human power to do. The human organism is prostrated by a fierce and deadly poison. This poison is in the blood and in the cells of the tissues, and its work of destruction is quickly and effectually accomplished. Reflectively, to say nothing of experimental research, it would seem to me that the rational and only course that could be advocated with scientific assurance of relief is to, as far as possible, literally cause to be removed these products which are death-dealing to the body in which they happen to be found. Now, in this same reflective mood, think for a moment, and try with me to determine whether it is possible in such conditions as produce the symptoms of Asiatic cholera, it is safer to introduce other poisonous products to neutralize the noxious elements in the blood and cells, or whether it is a better process to, without the introduction of additional foreign substances, remove what we already find in the blood. To make this proposition clearer, it could be stated in another way, namely, the body is already bearing a crushing burden; shall we add other foreign substances as an additional burden to the load already carried? The principle seems to me to be at fault. The principle is the principle of allopathy, but in the light of facts is it a safe principle to follow? It is reasonably scientific to produce in the laboratory, definite results in vessels of glass by the use of fixed reagents; in the organic laboratory of the living body, no such definite results can be demonstrated. The vital principle is an entity which enters into the formula, and may be represented by the unknown quantity x in algebraic equations. Great and laudable efforts have been made to prevent, as well as to cure, this disease by inoculation.

Ferran, of Valencia, Spain, thrilled the world ten years

ago with the proposition of a universal cure for this disease. His glory was then at its zenith. His fame has long since faded. So obnoxious became his proposition to the government of Spain, that laws were adopted to suppress Ferran's cholera inoculations.

A worthy colleague and laborious investigator, Professor Haffkin, of Pasteur Laboratory fame, proposed a modified inoculation for the prevention and cure of cholera in 1892. A reporter of the *New York Herald* was inoculated at the Pasteur Institute, and with credentials sent to expose himself to Asiatic cholera at Hamburg in September, 1892. The same reporter had been similarly inoculated by Ferran in 1886, and had the courage to make further exploits in behalf of his newspaper, at Hamburg. A very wide-spread opinion prevails in America, that the exploit of the *New York Herald* reporter during the ten days' stay as a nurse in the Hamburg hospital, constitutes a proof of the validity of Haffkin's claim, but the scientific world of Europe knows differently. *En passant*, it may be interesting to state at this place, that further experiments have been made by Professor Haffkin in India with the cholera inoculations, and, unfortunately for the proposition, reports have recently come to me from reliable medical sources, that a greater percentage are attacked with cholera who have been previously inoculated than of those who have not been inoculated. This subject of prevention, however, is to be discussed by me in a paper to be read before the Section on State Medicine.

The result of prolonged reflection, covering many years, and the observations resulting from personal experience in the cholera epidemic in Europe of 1892, is the conviction that there is provided in the laboratory of the universe a remedy which surpasses the results of human ingenuity as much as does the sun surpass in brilliancy the light of the artificial lamp. The all-per-

vading and all-wide remedy, the greatest product of omniscient nature's laboratory, which alone can cope with this pestilential disease of the human race, is nothing more and nothing less than the unmatched, unmatchable H_2O . Pure water is absolutely the only trustworthy cure for cholera, and if it came at a great price it would probably be more greatly valued. The human organism is so constituted that if it is assisted by H_2O , every morbid element may be eliminated out of its domain. The acutely poisoned body quickly recovers its equilibrium and its harmony of action as soon as the processes of elimination can remove the invading poison. In the construction of the mucous lining of all the accessible cavities and channels, it is prepared by an undiscernible law to successfully resist the entrance of every form of organism. The products of organic action alone are able to pass into the blood. If sufficient quantities of pure water, of a suitable temperature, are introduced into the body through the natural channels, it is actually possible to wash morbid products as well as organic forms of life, out of the human body. The mouth gives entrance to the causative germs in Asiatic cholera. This is quite conclusively established. The locality of the development and formation of the toxin in the earlier stages is determined to be in the upper end of the small intestine; and from experience, as well as from the powers of reflective analogy, there is no doubt that the system can be saved from death if the morbid entity, the germ, is literally deluged away from the alimentary canal by the copious use of a remedy that can not be of the slightest danger to the victim. The amount of water to be used varies in different cases. It is impossible to use too much; it is possible to use too little. From the earliest moment that the patient is seen, the propositions should be—first, wash the whole alimentary canal with pure water; wash the lower portion by introducing irrigations of warm soap-suds, or merely warm water, into the colon sufficiently

frequently and sufficient in quantity to cleanse that portion of the bowel effectually. The frequency of washing that portion of the bowel which is accessible from the rectum should be one, or two, or three, or four times a day, according to circumstances. At the same time, from one to ten quarts of warm pure water mildly medicated with peroxide of hydrogen or hydrozone should be administered at regular intervals, during the day, as the prescribed remedy by the mouth. If the patient vomits, very well. Immediately re-introduce the quantity of water that was vomited. No harm can be done in any case, and if it is possible to save life, it is possible to save it through this method. It is the quickest and the surest method of exciting the activity of the kidneys, and is the safest. It is the rational and effective measure for maintaining the volume of the blood. It is the scientific process by which to establish cutaneous circulation in the capillaries.

The use of simple and useful hygienic measures are the same as in other prostrating diseases. Patients should be fed with regularity at not too frequent intervals, giving the proper time, between administrations of simple food, for its digestion. The use of appliances for maintaining the heat of the body are not to be neglected.

The precise details of the method of treatment indicated at this time will be forthcoming in a subsequent paper.

100 State Street.

ON THE ADMINISTRATION OF THE SALICYLATES IN ACUTE RHEUMATISM.*

By P. W. LATHAM, M. A., M. D.,

Fellow and Senior Censor of the Royal College of Physicians, Senior
Physician to Addenbrookes Hospital, Cambridge, England.

“We have now become so familiar with the successful treatment of acute rheumatism by means of salicylic acid and salicylates, that it may seem somewhat super-

*Extracts from a paper read before the Cambridge Medical Society.

fluous for me to address you on the subject. But cases have come under my observation, in which objections have been taken to the use of these remedies, on the ground either that they disagreed with the patient, producing nausea, vomiting, etc., or that notwithstanding fairly large doses of the drug, the pains have not been relieved, the temperature has not been reduced, or, most serious of all, cardiac or other complications have arisen during the time the patient was taking the remedy, and when, apparently, he was under its influence. Now, it is in preventing the development of these complications that, when properly administered, the remedy so strikingly shows its power, truly acting as a distinct specific.

"In my Croonian Lectures in 1886, I spoke, apropos of rheumatism, as follows: 'Here is a disorder which, under different treatment, may exist for weeks, stationary, so to speak, in its intensity, the great heat and nervous and vascular excitement and pain and swelling exactly of the same amount to-day as they were weeks ago; a disorder which, less than fifty years ago, was said to be often such in itself, and such in its appalling incidents, as to need, from time to time, that medicine should put forth the full compass of all its powers. Every organ, or system of organs, which either directly or indirectly can receive the impression of remedies, are from time to time called to bear all that they can possibly endure; and it is often only when the powers of medicine are pressed even to the verge of destroying life that life is saved.

" 'And now, with or without the administration of a purgative, as the occasion requires, the patient is placed fully under the influence of salicylic acid, and in from forty to sixty hours, not unfrequently in a shorter time, the pains in the joints have subsided, the limbs can be freely moved, and the bodily temperature has reached

the normal condition. But more than this—and here the remedy shows its signal power—in no case of rheumatism that has come under my care during the last six years, either in hospital or in private practice, has there been developed, where the heart was previously sound, any cardiac complication, such as endocarditis or pericarditis. If this can be maintained and ensured, we have, indeed, in our hands, a most potent remedy. Cardiac complications constitute the chief danger of acute rheumatism, and the danger, if the disease is taken in hand soon enough, may, with our new remedy, be averted.

“Eight years further experience has only confirmed what was then stated. I have seen numbers of cases where complications have been developed before the patients came under my care, but I feel strongly that these complications might be prevented, or at least materially lessened, by earlier and more energetic treatment, and it is for this reason chiefly that I venture to address you to-day.

“Now, what are the conditions to insure success ?

“Principally, the true salicylic acid obtained from the vegetable kingdom must alone be employed. If you have to give large doses, avoid giving the artificial product obtained from carbolic acid, however much it may have been dialysed and purified. An impure acid will very quickly produce symptoms closely resembling delirium tremens.”

“The causes of failure with this remedy, as far as I have been able to judge, are :

1st. Insufficient doses at the commencement.

2d. The non-administration of a purgative.

3d. Feeding with substances other than milk, such as beef tea, broths, etc., especially in the earlier stages.”

“As this plan of treatment works prosperously day after day in its immediate effects, so day after day it gives an earnest of the remedial impression it is exercising upon the whole disease. It abates the fever, it softens the pulse, it reduces the swelling, and it lessens the pain. In short, it subdues the vascular system like

a bleeding, and pacifies the nervous system like an opiate; and often in the course of a week, the acute rheumatism is gone. In three days, there is often a signal mitigation of all the symptoms; and in a week I have often seen patients, who have been carried helpless into the hospital, and shrieking at the least jar or touch, or movement of their limbs, risen from their beds, and walking about the ward quite free from pain."

"Now, if in the treatment of acute rheumatism, you were to choose one indication and abide by it, and were to trust one class of remedies and to it only, you would find more cases that admit of a readier cure by the method now described than by either of the two former. You would find the aggregate of morbid actions and sufferings, which constitute the disease, more surely reached and counteracted, and more quickly abolished, by medicines operating upon the abdominal viscera only, than by those which influence either the blood vessels only, or the nerves only."

"I would still recommend that the natural salicylic acid, or its salt, should be employed, in preference to the artificial acid, when large doses are administered. I admit that what are termed the 'physiologically pure' preparations may be as good, but I prefer using the natural products, owing to the complete safety which, with ordinary care, attends their administration. In a paper in the *British Medical Journal* of December 10th, 1881, I first called attention to the danger of using the artificial acid. The impurities then existing in it amounted to as much as 15 per cent. By improved methods of preparing it, in 1884, these impurities were reduced to 5 per cent., and now it is so carefully prepared, that the product is said to be 'physiologically pure.' In the *Pharmaceutical Journal* of November 22d, 1890, you will find a very exhaustive paper by Professor Dunstan, giving an account of these impurities, with a report, also, by Professor Charteris, of the poisonous effects which two of these impurities, viz., ortho-cresotic acid and para-cresotic acid, have on the animal system. The same journal also contains a report of an interesting discussion on the subject which took place at the Pharmaceutical Society."

Selections.

The Treatment of Difficult Labor.—(By Dr. Davis Gardner, in the *Therapeutic Gazette*.)—Dear Sirs:—In the year 1880 I was called to attend a negro woman in labor in Gainesville, Texas. From subsequent information I learned that she had been in labor several days: three, maybe four, days. At any rate, she was tormented with weak, frequent, and inefficient pains. Upon examination, I found the right arm and hand protruding from the vagina, the ribs in the superior strait, and the head in the left iliac region. I sent for assistance, and in the meantime tried to restore the arm and hand to the uterine cavity, and succeeded in replacing it upward, I think, in front. Assistance then arriving, in the person of an old college classmate (Dr. Harris), I applied the forceps to the child's head and delivered rapidly, on account of the shock and hemorrhage. The depression continuing, we examined, and found the cause to be a rupture of the uterus. We administered stimulants and remained until she died, an hour afterwards. The child never breathed or showed any signs of life.

In 1884, at Savanna, Indian Territory, I was again confronted with a shoulder presentation, but by pushing the shoulder backward and to the right, and pressing the head down from the left, I was able to convert it into a head presentation, and, retaining the head in position till the waters broke, safely delivered a living child.

My third case was in Denison, Texas. I was called in the morning to see a lewd woman, whom I had noticed on the street the day before. She was complaining of pains and backache, and said she had whites, but did not think it was within three months of her time

of confinement On account of some abrasions on my hands, I did not make an examination at that time, but gave some viburnum, and told her that I would come in the afternoon, intending, in the meantime, to put some collodion on my abraded hands before making an examination; but when I reached my office I met a summons to attend court at Sherman, that I had forgotten; so, thinking there would be plenty of time, I went with the officer. When I got back to Denison I was met with an alarming story of the woman being without attendance, the head hanging out, and unable to deliver herself. Upon examination, I found that the cord presenting was the supposed head. My first diagnosis was a breech presentation, and after summoning assistance, in the person of Dr. De Bow, we gave chloroform and proceeded, first bringing down an arm in place of a knee, then another arm, then a foot; but all this time being unable to move the head and shoulder, which were to the left, the child's front being to the mother's front, the breech, of course, being on her right. After about two hours' work, I succeeded in moving the shoulder and head upward and bringing down both feet. Dr. De Bow delivered her in five or ten minutes more. The child was still-born and could not be made to breathe; the woman made a good recovery, in spite of bad surroundings.

My fourth case came on rapidly. I could feel the cord and a hand high up in the pelvis, but could not feel anything else to indicate the presentation. Assuming it to be the first position, I tried to move the head up and to the left and the breech down. The waters broke, and with them down came the arm and the cord. I at once sent for help, and, after administering chloroform, applied the forceps to the head and tried to deliver, being unable to replace the arm. I tried again to replace

the arm, and this time success crowned my efforts, but I could not return the cord so that it would not again prolapse. We then brought down the head, and, after waiting an hour for the patient to rest and regain strength, we again applied the forceps and delivered a child weighing ten pounds, still-born; there was a slight rupture of the perineum and also of the neck of the uterus.

My next case was one in consultation. Pregnancy was advanced six months, right arm presented, head to the right, face forward. After a long time the head and shoulder were pushed up, the feet brought down, and delivery was accomplished.

The lessons taught me in these cases are :

1. Never to attempt a reduction without full anæsthesia and relaxation.
2. In high positions to make a diagnosis previous to the rupture of the waters, even if chloroform is required.
3. To make an examination, if necessary, with as little delay as possible on account of fear of infection.
4. Not to attempt a delivery without a reduction of the displaced arm.

There is no use trying to bring down a knee or arm until the shoulder and head are moved out of the way.

Ulceration of the Rectum.—Under this title, Fraenkel relates, in the *Munchener Medicinische Wochenschrift*, June, 1895, his experience in this condition, which includes nine cases, all of which occurred in women. The ulceration usually occurs at a distance greater than three or four centimetres from the anus, especially in the early stages. The appearances are characteristic. The mucous membrane is usually wanting about the whole circumference of the bowel, which

exposes the submucous or even the muscular coat. The base of the ulcer is smooth; there are no nodules or other characteristic structures in the ulcer itself or around the edge, which is usually sharply defined. There is considerable narrowing, with loss of elasticity. Occasionally one or more perforations may be present, which may lead to suppuration in the perirectal tissues; healing leaves dense scars. These lesions are frequently mistaken for syphilitic manifestations. In regard to treatment, the author says that he has never seen complete healing. He believes that extirpation of the diseased portion of the bowel, as performed by Sick and Schede, is the only satisfactory treatment.

Sutures in Gynæcology.—J. M. Baldy, of Philadelphia, uses catgut for sutures in his hysterectomy cases, finding that convalescence is rendered less tedious and uncertain. (*Am. Journ. Obstet.*, June, 1895). He still retains silk for ligating the uterine and ovarian arteries, not being yet satisfied to trust to the strength of catgut, the more so as the latter is apt to be weakened by overpreparation in rendering it sterile. Noble uses only the silk ligature, and has never had any trouble. A large silk cord is apt to give more trouble than a small thread, partly because the ligature is tied more tightly, reducing the vitality of the stump, and partly because if a large ligature is infected the white blood-cells are less able to combat the resultant septic processes about the ligature. He has been using silk-worm gut as a buried suture for abdominal wounds for three years, and out of several thousand such stitches he has had trouble in but three cases, in which suppuration took place in dead spaces. E. C. Dudley, of Chicago, uses catgut entirely in the abdominal cavity, and has had no occasion to regret its use. A. MacLaren, of St. Paul (*Med. News*, June 15, 1895), advocates the use of catgut in gynæcological operations, prepared by steam and dry sterilizing, a sufficiently high temperature being used for the necessary time to destroy germs without rendering the catgut brittle.

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14)

Am I My Baby's Keeper?—How many mothers fail to realize the responsibilities of maternity! How many women of the leisure class, how many wives of common laborers even, seek to evade the nursing and care of their infants! Why should these mothers delegate the highest duty for which the female was created—the nursing and cherishing of her own young—to careless and ignorant hirelings? Why do they forsake the springs of pure and natural delight to sip the foam of a vain and discontented existence? How can any mother with a heart bear to see her baby, the fruit of her own blood, pine away and die for the lack of the nutriment which she alone is able to furnish?

The excuses given for such criminal neglect are various, but altogether absurd. This woman cannot nurse her baby on account of the "demands of society," which interpreted means chattering gossip and idle dissipation. That mother will not give her infant suck lest her "shape be spoiled"—for the wanton gaze of ball-room debauchees. Another does not find time to attend her own child, since she is so busily engaged in making for the benighted heathen garments wherewith to clothe their nakedness, and which, along with syphilis, consumption, and spiritus frumenti, constitute the chief gifts of civilization to the inferior races. But these excuses are excuses only. The real reason of maternal dereliction lies in the very constitution of her inmost being. We have seen a sow make a hearty meal of her newborn litter. We have observed stylish ewes, as sheep go, who would desert their little helpless lambs to perish with hunger. The aforesaid sow and ewe could not avoid their cruel conduct toward their offspring. As freaks of nature it was their nature to be unnatural. Just so with the unkindly human mothers, who neglect and deprive their sweet babes; these women are not

entirely to blame for their folly and heartlessness; they were born deficient in the highest attribute of womanhood—maternal love—and seek to forget and cover up their imperfection in the lesser and lower activities of life.—*Denver Medical Times.*

The Antitoxine Treatment of Diphtheria.

—We are far from considering the question of the value of the antitoxine treatment of diphtheria as still an open one, and in this, we feel sure, the great body of the profession is with us. Nevertheless, it is well to have a decided expression to that effect from so logical and judicial-minded a man as Dr. Welch, of Baltimore. Dr. Welch made the antitoxine treatment of diphtheria the subject of an address at the last meeting of the Association of American Physicians, in May. He has since elaborated the address, and it appears in full in the July-August number of the *Bulletin of the Johns Hopkins Hospital*, of which double number it occupies a great portion of the entire space. Certainly that amount of space could not have been turned to better account.

According to Professor Welch, the antitoxine is most strikingly beneficial in progressive fibrinous diphtheria, and especially in the prevention and cure of laryngeal diphtheria, but in septic diphtheria it is of little avail. It may produce unpleasant effects, but these do not involve danger to the patient, says Dr. Welch, and they are in all probability referable to the serum as such, and not to the healing, so-called antitoxic, substance contained in the serum. The serum from some horses, he thinks, is more likely to cause exanthems than that from others, and there may be individual idiosyncrasies favoring their occurrence. They may be localized in the neighborhood of the seat of injection, or extend from

that over the greater part of the body, or make their first appearance at a distance from the point of injection. Often, without noticeable fever, they may be accompanied by considerable elevation of temperature and by pain and swelling in the joints. A rarer but severer form of serum exanthem resembles erythema multiforme, and when this is accompanied, as it may be, by high fever, and by severe pain in the bones and joints, with swelling of the joints, the condition of the patient may really seem serious, but these patients recover. Some have attributed a petechial eruption to injection of the serum, but this may occur in diphtheria without serum treatment.

There have been a few cases reported, says Dr. Welch, in which, the writers, without any satisfactory evidence whatever, have referred the death of the patient to the use of the serum. The essential harmlessness of the serum, he adds, has been demonstrated by over a hundred thousand injections, and if future investigations should show that through some idiosyncrasy on the part of the patient death ever was attributable to the injection of the serum, this would probably count for about as much as the rare deaths from the use of ether or chloroform.

The principal conclusion which he would draw is, that a study of the results of the treatment of over seven thousand cases of diphtheria with antitoxine, demonstrates beyond all reasonable doubt that the serum is a specific curative agent in diphtheria, and that its use surpasses that of all other known means of treating the disease; consequently, it is the physician's duty to use it. The results lately reported are more favorable, and further improvement may be expected as we come to a clearer understanding of the mode in which the serum acts. Perhaps the methods of its preparation and preservation may be bettered, and possibly the

active principle freed from undesirable substances if not actually separated.

Professor Welch closes as follows: "The discovery of the healing serum is entirely the result of laboratory work. It is an outcome of the studies of immunity. In no sense was the discovery an accidental one. Every step leading to it can be traced, and every step was taken with a definite purpose and to solve a definite problem. These studies and the resulting discoveries mark an epoch in the history of medicine. It should be forcibly brought home to those whose philozoic sentiments outweigh sentiments of true philanthropy, that these discoveries, which have led to the saving of untold thousands of human lives, have been gained by the sacrifice of the lives of thousands of animals, and by no possibility could have been made without experimentation upon animals."—*New York Med. Journal.*

Treatment of Bone Cavities in the Shaft of the Tibia.—Ercole *Archiv. di Orthop.*, an. 12. No. 2) has practiced with success a new method of treatment for the filling of cavities left after removal of a sequestrum. The principle consists simply in removing the lateral parietes, and in reducing the superior and inferior extremities of the cavity to an inclined plane, so as to render plane the surface which was before concave, the greatest care being taken to preserve as much periosteum as possible. The periosteum is afterwards sutured together and a careful dressing applied, so as to exercise a graduated pressure on the parts. By this new method a mere linear osteo-periosteal wound is substituted for a large open surface. In four out of the six cases recorded union occurred by first intention in from fifteen to twenty days; in the other two cases, which were complicated by numerous old scars and fistulous tracts, union occurred by second intention in fifty-four and sixty-five days respectively. The posterior lamina of the tibia left is quite strong enough to support the limb, and all the more so since in these cases the bone is generally enlarged. The paper is illustrated by two colored plates.—*British Medical Journal*, June 29, 1895.

Editorial Department.

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The latest advices from the bedside of Dr. Battey, of Rome, Ga., who has been very ill, are, that he is improving. Some of our contemporaries wrote and published an obituary, dating his demise September the 27th, 1895.

The Increase of Doctors.

Dr. Thos. O. Summers, in the last issue of the *St. Louis Clinique*, pays a just tribute to our Dr. Cochran, and to our State Medical Association, and very correctly handles one of the questions of too many doctors. He says :

It has become a question in political economy, second only to bimetallism, "What are we going to do with the doctors?" In the days of Hippocrates and Galen—even as far down, perhaps, as Sydenham—the word *doctor* was a very comprehensive term. It meant just

what the word itself implied—a *teacher*, but became narrowed down to the medical profession as a distinctive appellation, in accordance with the growing needs of a community—the *doctor* of a village or a district being the *magnus Apollo*, the focalized center of all information; and as the healing of the sick constituted the agent thereof authority in all other things, it was natural that he should be the oracle of his civil life. Times have changed, however, and men have changed with them. The physician—or the “doctor,” since he still holds the shadow of the name, if not its substance—no longer retains that influence over a community that he once held, when every school commencement had the *doctor* on the rostrum, when every family difficulty was settled by reference to the *doctor*, and on every hand *Doc.*, as he was familiarly called, was the referee in every trouble, the kind comforter in all affliction, the generous adviser in all disputes, the ultimate authority in everything that involved the welfare of the commonwealth. Now all—not all, but much of this—has passed away with what we of the South called our “peculiar institutions.” Eastern methods have, from the necessities of their surroundings, so divided the medical profession into specialties, that this idea of the *doctor* as a teacher, an advisor, a guide, philosopher and friend, has faded away along with the chivalry, the whilom home life—the simple habits of days gone by.

We are confronted now with a serious and formidable problem. The rush of young men to our great cities to receive medical education is enormous, and even smaller towns are entering the field. It is well that medical

boards have taken this well in charge. We care not how strict they be—how strong the requisitions laid upon those who, in the face of the great advance of modern medicine, assume the responsibilities which have grown with the “*process of the suns*.” Twenty-three years ago, in Alabama, we joined with that great *organizer*, Jerome Cochran, of Alabama, in forming a system of State Medical Control, which is to-day the model of every progressive State in the Union, and as years rolled on it was found that the State was purged of every element of quackery ; unworthy practitioners fled its borders, and once more the *doctor* became, as he should be, the central figure of his community, however small that community might be.

It is estimated by those who take interest in such calculations, that about one out of every five who begin the study of medicine continue through life in its pursuit. The rest drop off—some into germane professions, others fall by the wayside, get into business, or make “shipwreck of their faith” entirely. Now, we believe the present college system will remedy this evil. Students will find out the difficulties in their way soon enough to change their plan of life. If they do not find medicine a *vocation*, they will never succeed at it as a *profession*.

We are happy in the thought that the late stringent rules adopted by the Medical College Association of the United States will do more to restore medical men to the dignity of their calling, and preserve the *auctoritas medici*, than anything that has affected the development of the science in recent times.

After a Fraud.

One of the religious papers published in the State of Alabama is not only advertising one of the meanest and most decided medical frauds which has ever been devised to humbug an innocent and suffering people, but in a recent issue makes bold the assertion that this apparatus is taking the place of the physician in many families. How any intelligent, honest, consecrated minister of the gospel can write, or permit to be written, and publish such an endorsement of such a species of fraud is quite beyond our comprehension. We have no notice to make of the instrument in question, but we do condemn the Christian editor of a religious paper who goes so far, though it be for financial remuneration, as to give an endorsement to that which the investigations of scientific medical men of this country unquestionably pronounce an unmitigated fraud. The advertisement of the best whiskey house and the endorsement of a "*good whiskey*" for medical purposes, would be far more consistent in the Christian editor, and would subject him to less criticism when the real facts in the case are made known.

Could we make it stronger? Will our brother of the Christian paper take the prescription—take it kindly and consider it? As is usual, it will cost *not a cent*.

How Long Will a Journal Live?

One of our sanguine contemporaries, who had been sending a bill for subscription to a skeptical subscriber—one of those mean fellows who read his journal on the quiet—one of those fellows who would pay, but was

constantly apprehensive that the journal would *die*. After the editor had sent the delinquent subscriber a bill annually for several years, and got no remittance, the sub. asked, "When will your journal die?" The editor answered :

When the lion eats grass like an ox,
And the fishworm swallows the whale ;
When the robins knit woolen socks,
And the hare is outrun by the snail ;
When sea-serpents walk upright like men,
And doodle-bugs travel like frogs ;
When grasshoppers feed like the hen,
And feathers are found on hogs ;
When Thomas cats swim in the air,
And elephants roost on trees ;
When insects in summer are rare,
And snuff never makes people sneeze ;
When fish creep over dry land,
And mules on velocipedes ride ;
When foxes lay eggs in the sand,
And women in dress take no pride ;
When Dutchmen no longer drink beer,
And girls go to preaching on time ;
When billy goats butt from the rear,
And treason no longer is crime ;
When humming birds bray like an ass,
And limburger smells like cologne ;
When plowshares are made out of glass,
And the hearts of true Texans of stone ;
When ideas grow in an anarchist's head,
And the wool on the hydraulic ram ;
Then this journal will truly be dead,
And the Medical Profession of the world
Will realize a terrible loss.

Infectious Sore Throat.

At a recent meeting of the Calhoun County (Ala.) Medical Society, one of the questions discussed was the Diagnosis of Diphtheria. The following, from one of our exchanges, is of interest on the subject:

How are we to decide the oft repeated question, "Is there such a thing as pseudo-diphtheria, or are there other forms of infectious sore throat?" If we base our diagnosis of diphtheria upon the presence of the pathogenic bacilli, then we must find some means for readily distinguishing between the true and the pseudo-diphtheria bacilli. Loeffler in his earliest investigations recognized the existence of two varieties of bacilli, which differed only in the fact that one was virulent and the other was not. Other investigators have found the pseudo-bacilli in the throats of healthy individuals without producing any disturbance in the individual or giving rise to a single case of infection.

Dr. Morris Bunce reports a number of cases of tonsillitis, occurring during a small epidemic of diphtheria, in which many of the symptoms of diphtheria were present, though there was no membrane nor albuminuria. In every case the Klebs-Loeffler bacillus was found to be present. He naturally suggested the query whether these shall be considered mild cases of diphtheria or from their mild character, the absence of the most prominent symptoms, and short duration, they should be considered an infectious disease *sui generis*.

It seems to us that if we accept the existence of a pseudo, non-virulent bacillus, and if we are to give credence to the statements of those who claim to have

found the Klebs-Löffler bacillus in healthy throats and in the throats of convalescents from diphtheria several weeks after recovery with no resulting case of infection, then we must conclude that the presence of this bacillus is not alone diagnostic of diphtheria. As an additional argument we may cite the case of Escherich, who reports that a child whose two sisters had been sick with diphtheria was taken with sore throat with a grayish-yellow deposit upon the tonsil. Numerous non-virulent bacilli were found, but no true bacilli. Here is a case in which all the characteristic symptoms of diphtheria were present, but not the bacilli.

The tendency and the teaching of today is, however, that the most absolute certainty of diagnosis can be based upon the presence or absence of the bacilli. Such being the case we must recognize another form of infectious disease of the throat other than diphtheria, namely, those inflammations characterized by many of the same symptoms though lacking the pathognomic bacilli.

On the other hand, if we make the presence of the most prominent symptom of diphtheria our guide in diagnosis, namely, the membrane or exudate, then we must still recognize another form of infectious sore throat. Upon these conditions we must recognize those cases in which the general symptoms are those of a mild diphtheria, the disease being less virulent, of shorter duration and much less fatal, and in which no exudate or membrane appears, as belonging to a distinct and separate disease, though the bacillus may be present.

If we draw the line upon the finding of a pathog-

nomic bacillus then there will be set aside a class of diseases of such protean character that there can be no possible diagnosis except through bacteriological examination. There is a characteristic lesion in diphtheria by which we may estimate the gravity of the case, that is the formation of a necrotic or diphtheritic membrane. If we draw the line upon the finding of this lesion we will then have on the one side all those cases presenting all of the symptoms of diphtheria, its virulence, its complications and fatality; on the other side, we will have all those cases which, though they may present the depression and the pyrexia, they are lacking in the essential characteristic lesion. They are less virulent, seldom fatal, and are seldom complicated.

Tri-State Medical Association of Alabama, Georgia and Tennessee.

This Association, held in the city of Chattanooga on the 9th, 10th and 11th insts., was a very interesting and profitable meeting. The following officers were elected for the ensuing year:

President—Dr. J. B. Murfree, of Murfreesboro, Tennessee.

Vice-Presidents—Dr. R. J. Trippe, Chattanooga, Tennessee; Dr. R. H. Hayes, Union Springs, Alabama; Dr. R. R. Kime, Atlanta, Georgia.

Secretary—Dr. Frank Trester Smith, Chattanooga, Tennessee.

Treasurer—Dr. George R. West, Chattanooga, Tennessee.

The next meeting will be held in the city of Nashville, Tennessee, October, 1896.

Editorial and Miscellaneous Notes.

TWO OR THREE papers intended for this issue are unavoidably crowded out. They will appear in the November issue.

LACTOPHENIN.—I have tried this new remedy as an analgesic in over eight hundred cases. In over one hundred cases of pneumonia I have had occasion to notice its effects, and the fact that it is a safe and speedy antipyretic. I cannot say too much of its soothing effects on the nervous system and of its general superiority above all other synthetic analgesics.

Recently I had occasion to prescribe it for a case of occipital neuralgia after all other remedies had failed, and the relief that was afforded was both speedy and permanent. I sometimes find it advantageous to combine it with caffeine.

One notable fact about Lactophenin is, that in no instance has it ever appeared to induce that blue, livid condition of the lips and face that so frequently succeeds upon the administration of acetanilid, antipyrin, phenacetin, etc.

In inflammatory rheumatism and in *la grippe*, in conjunction with quinine and salicylate of soda it is my sheet-anchor; in the former malady it is advantageously alternated with syrup of trifolium compound.—*Doctor J. C. Dwyer, (Valentine, Neb.), in The Medical Age, April, 1895.*

THE ABSORPTION OF FERRATIN.—Marfori (*Therapeutische Monatshefte*, March 10, 1895.—*Univ. Medical Magazine*, September, 1895), states that Ferratin differs from other preparations of iron in being readily assimilated, and in being identical with a form of iron naturally found in the liver and other organs. The

quantity of ferratin absorbed will depend on the condition of the gastro-intestinal tract. The greater its decomposition in the stomach and bowel, the less the absorption. The sulphuretted hydrogen in the intestine decomposes ferratin. Marfori found that after the use of saline purges, which disinfected the bowel, 13.7 to 41.68 per cent. of the ferratin was absorbed. Schmiedeberg believes that under ordinary conditions only a small amount of ferratin is absorbed. Marfori performed the following experiment on three dogs to determine the amount of ferratin absorbed. After the bowel had been emptied by purgatives, the animal was placed upon an exclusive milk diet, and after several days ferratin was administered. The lower bowel was then emptied by enema. To the first dog 140 milligrammes of ferratin were given; 104 milligrammes were recovered from the stomach and bowel, the amount assimilated being 36 milligrammes, or 25 per cent. To the second dog 91 milligrammes were administered; 81 milligrammes were found in the stomach and bowel, the amount absorbed being 10 milligrammes, or 10.9 per cent. To the third dog 135 milligrammes were given; 94 milligrammes were recovered, the amount absorbed being 41 milligrammes, or 30.3 per cent. From these experiments the writer believes that considerable quantities of ferratin may be absorbed even under ordinary circumstances.

These results, according to the writer, have been confirmed by Jacquet and Kundig. Fillippo de Fillippi asserts that ferratin, unlike other chalybeate preparations, is absorbed from the intestine *en masse*.

Ferratin, the iron component of food, is synthetically produced, and therapeutically employed it has yielded excellent results, enough to prompt favorable reports from Germain See, Fackler, Einhorn, Harold and others.

DR. B. F. CROSS, of Decatur, Ala., died on the 16th inst., after a painful illness of several weeks.

OINTMENT—(Antiseptic).—Where an ointment is indicated, the same can be obtained in combining one part of "SENNINE" with four parts of Vaseline.

WE publish in this issue of *THE AGE* a very interesting paper by Dr. Jerome Cochran, State Health Officer. It is perhaps the first account ever written of a post mortem in Hæmorrhagic Malarial Fever.

WE call especial attention to the advertisement of McKessen & Robbins, of New York. This is one of the oldest and most reliable houses in the country, and we take pleasure in directing attention to their page advertisement.

ALL the salicylic acid used in Tongaline is made from the pure oil of wintergreen in the laboratory of the Mellier Drug Company, the proprietors of that excellent remedy for rheumatism, neuralgia and kindred complaints.

SUCCESSFUL TREATMENT OF DYSENTERY WITH IATROL.—The first case in which I used Iatrol in dysentery was in treating a child two and one-half years of age. I hesitated about using Iatrol until every other means that I had ever used before had failed, and I had not the slightest hope of her recovery. I then made a solution of five grains of Iatrol and one quart of warm water, introducing this fluid through a soft catheter as far up the bowels as possible.

The result was almost magical. No more blood after the first washing, a few stools of slime or mucous, then natural movements. The child made a rapid recovery. I have used Iatrol in all severe cases of dysentery since, increasing or diminishing dose as indicated, using in very warm water every four, six, eight or twelve hours, with the most happy results.

(Signed)

J. H. SACKRIDER, M. D.,
East Randolph, N. Y.

AS A PREVENTIVE OF AND REMEDY FOR SEA-SICKNESS.—I was Surgeon on board the Red Star steamship *Belgenland*. I only went one voyage after getting this valuable article, having been for years in that position, was getting tired, and resigned to settle on land at my profession. But during that voyage to and from Antwerp, I prescribed the "Ingluvin" to a great many patients who were sea-sick, and in no case was it without benefit, but in many cases it entirely relieved the sufferer after a few doses were taken. One case I will take the trouble to mention as a specimen of its workings. That of a German lady about 35 years of age, who had crossed the Atlantic once before, was sick the entire passage and unable to go to the table a single time during the passage. I found her sea-sick as soon as we were at sea, in that miserable condition of nausea and entire loss of appetite; entirely without desire to go to the table, and feeling as though she could not sit there during the meal. I prepared some powders of 10 grs. each, with directions for one to be taken ten or fifteen minutes before meals in a little water. After taking the fourth powder she came to the table regularly during the entire voyage, without the loss of a single meal. Others I could name in which it acted promptly, among them was Mrs. Edward Brooks of telegraph fame, that is, her husband is.

Respectfully, W. B. MELONEY, M. D.
Wyoming, Del.

A TEST IN PHARMACAL "ETHICS."—Mr. E. A. Schubert, of Fostoria, Ohio, in the course of a paper on pharmacal ethics, relates this account of a practical test of the professional integrity and competency of retail druggists in a given section of his State—a section, by the way, probably the equal in professional intelligence and honesty of the average community in Ohio and other States. "I espoused the thought," remarks Mr. Schubert, "that it would be a capital idea to write a prescription of easy composition and analysis, to see how many druggists would fill it correctly. I set to work immediately mailing to each of fifty physicians one of the prescriptions, at the same time asking him

to write it as a prescription of his own, send some friend with it to his druggist to have it filled, a copy taken and returned to me with the compounded prescription. Out of the fifty requests sent out, I received thirty-seven answers. The prescription called for a three-ounce preparation, but placing them side by side I found twenty-one to be three-ounce preparations, seven were in size four ounces, while the rest ranged in size from five to eight ounces. It was to be an emulsion; nineteen were of that composition, the remainder were far from being true to name. In color, when correctly filled, it would be nearly white; of these twenty-two were true in color, while the remainder ranged from a steel gray to nearly all the known hues. The principal active ingredient was the acetate of morphine; thirteen only contained this, the remainder principally contained the sulphate. *Out of the entire number returned, eleven were found to be filled correctly.* The remainder were base substitutions, either through ignorance or intention. Of the eleven that were correct, nine came from the hands of Ph. G's., the remaining two were compounded by old and reliable druggists in the city. Of the twenty-six not properly filled we found five Ph. G's., the remainder were country druggists having very little experience in this line and located, with but few exceptions, in towns of 6,000 inhabitants and less." Can it be possible that this sort of recklessness and ignorance characterizes the profession in other intelligent communities?—*Western Druggist*, August, 1895.

PRE-SENILITY—OVARIAN PAINS—CHRONIC ENDOMETRITIS.—I have been using Sanmetto for the past two years, with surprisingly good success. As a remedy for declining vitality there is no equal, in fact it is a *sine qua non*. Have also given it with success in ovarian pains, and in that troublesome and painful condition due to chronic endometritis. Sanmetto is an important addition to our therapeutical means. Its beneficial effects are simply marvelous.

J. D. BENNETT, M. D.

Crystal River, Fla.

A HARMLESS ANTIRHEUMATIC—It is a matter of common observation by physicians who treat many cases of rheumatism, that patients frequently complain of the disagreeable taste of the salicylates and the gastric distress, nausea, vomiting and loss of appetite to which they give rise; This is certainly a serious objection to the use of these drugs, added to which is the disadvantage that not so infrequently they produce toxic effects on the circulatory and nervous system, as evidenced by cardiac syncope, dyspnoea, vertigo, tinnitus, etc. While the cardiac failure occurring in the course of acute rheumatism is commonly attributed to the influence of the rheumatic poison, there is much reason to believe that the depressing effect of the salicylates upon the heart, when given in full doses, is sometimes—and perhaps not infrequently—responsible for this trouble. In view of these undeniable disadvantages of the salicylates it is easy to understand why efforts should have been made to discover harmless, but equally efficient substitutes. Among those brought forward not one has answered so well the demands of therapeutical experimenters as Salophen. The merits of this preparation are concisely set forth in an article by Dr. E. C. Hill, (*Denver Medical Times*), who remarks:

“The therapeutic indications and uses of Salophen are nearly identical with those of salicylic acid and its salt. The superior applicability of this new preparation is based upon its innocuousness and its freedom from the deranging action upon the stomach, head and kidneys, and from the other disagreeable symptoms so common with the older anti-rheumatic remedies, while it is even more efficient than they. Salol is split up by the pancreatic juice into salicylic acid and the poisonous phenol, carbolic acid. Salophen undergoes decomposition by the same liquid into equal parts of salicylic acid and a harmless phenylic compound. The nauseous taste and distress of stomach so frequently complained of when the ordinary salicylates are administered, are, of course, not encountered with the tasteless preparation of Salophen.”

From a thorough study of the literature and his own

personal experience, Dr. Hill reaches the conclusion that while Salophen is the foremost remedy in the treatment of acute rheumatic arthritis, it is capable of longer administration than the older salicylitic preparations in the subacute and chronic varieties, and hence there is less tendency to relapses after its use.

CHRONIC dyspepsia is one of the most prevalent ailments; it has been termed the American disease. The use of the imported Hoff's Malt Extract, Tarrant's, in cases of chronic dyspepsia is especially indicated; it reinforces the gastric juices, insuring the complete digestion of foods, and provides a concentrated nourishment in the most easily available form. Hoff's Malt Extract (Tarrant's) supplies the system with vim, vigor and energy, so that in time the stomach is brought into a condition to secrete the juices necessary no digestion. Experience teaches us that in the great bulk of cases of chronic dyspepsia, the patient need not be restricted to any special diet, provided the imported Hoff's Malt Extract (Tarrant's) is taken according to prescription. It is important, however, to see that the genuine imported is administered, as one or two domestic substitutes have lately been fostered upon the profession, purporting to be manufactured in the home of the genuine Hoff's Malt Extract (Tarrant's.)

A PHARMACEUTICAL TRIUMPH.—There is probably no laxative or cathartic in the materia medica which is more widely known, and more generally used, especially as a home remedy, than Castor Oil.

Its only objection has been its taste. Now, however, even this has been removed, and we have "A Pleasant Castor Oil."

LAXOL is pure Castor Oil sweetened with Benzoic Sulphinide and flavored with Oil of Peppermint.

By referring to our advertising pages, the readers of this journal will learn how they can procure samples and literature without expense.

LAXOL is used throughout many of the best hospitals in the East, where it has been known for some time.

PSEUDO-CHANCRE: By William S. Gottheil, M. D., (*New York Medical Journal*, September 28th, 1895.) Reinfection syphilitica does occur, though the cases that are entirely trustworthy are very few indeed. Analysis shows that most of the alleged cases are open to grave doubt, whilst some of them are manifest errors of diagnosis. The following lesions may simulate chancre:

- a. Artificial indurations caused by irritants applied to simple lesions.
- b. Nodular lymphangites, as occur in gonorrhœa.
- c. Scabies, where penile lesions are the rule.
- d. Secondary indurations at the site of the initial lesion (Fournier's pseudo-chancre.)
- e. Secondary syphilitic papules or tubercles situated on the genitals.
- f. Ulcerative gummata of the genitals.
- g. Epitheliomata of the genitals.

Two such cases have recently come under the author's observation. In the first one, a non-specific sore was irritated with cauterisants until it exactly resembled a sclerosis with central ulceration, and was so diagnosticated by competent authorities. Nevertheless, it healed up under local treatment alone; and until now, two years after date, no secondary symptoms have appeared.

The other case was one of gumma of the penis, in a subject in the tertiary stage of syphilis. The lesion resembled an initial one very closely, and was at first regarded as such; but a close examination showed the presence of evidence of past specific disease, and this was confirmed by the history. The entire lesion melted away under the iodide of potassium.

Conclusions:

1. There is no characteristic sign, and no characteristic combination of signs that enables us to diagnosticate a chancre from the lesion alone.
2. Only the advent of other syphilitic symptoms enables us to form an opinion as to the presence of systemic infection.
3. Almost all the alleged cases of syphilitic reinfection are doubtful, and most of them are pseudo-chancres belonging to one or other of the above classes.

Book Notices.

CLINICAL LECTURES on Diseases of the Nervous System, delivered at the Hospital for the Paralyzed and Epileptic, London. By W. R. Gowers, M. D., F. R. S., Physician to the Hospital, etc., etc. Octavo, cloth, 280 pages. Price, \$2.00. P. Blakiston, Son & Co., Philadelphia, 1895.

The little book before us contains in all twenty Lectures. These lectures have been published in many of the English journals, and have also been noticed by a number of medical journals in this country. The reputation of the author is quite sufficient to establish at once, in the mind of every student of medicine, the merits of the book. Some of the subjects discussed are Acute Myelitis, Mistaken Diagnosis, Syringo Myelia, Neuralgia, Lead Palsy, etc. The book is printed by that splendid publishing house, P. Blakiston, Son & Co., of Philadelphia, and will be furnished to any physician in this country on receipt of price, \$2.00.

PRACTICAL DIETETICS: With special Reference to Diet in Disease. By W. Gilman Thompson, M. D., Professor of Materia Medica, Therapeutics and Clinical Medicine in the University of the City of New York; Visiting Physician to the Presbyterian and Bellevue Hospitals. New York: D. Appleton & Co. 1895.

This book is so complete, the subjects discussed are so clear and practical, and of so much importance, that we have no hesitancy in saying, that it is indispensable, and should be in the library of every physician in the country. The *Richmond Journal of Practice* says of this work:

So many monographs and booklets have appeared from time to time claiming to be authority on Dietetics, but which after all are nothing more than advertising sheets for some enterprising proprietor of "Prepared Foods," that when a new book is announced on the subject, one naturally enquires into the motive which prompted its publication. The book before us is certainly not one of the class to which we have just referred. It is worthy to be called a text-book on the all-important subject of Dietetics. It is a book of 800 pages, covering in a most exhaustive manner Foods and

Food Preparations, Stimulants, Beverages and Conditions ; Cooking ; Foods required for Special Conditions ; Food Digestion ; Diseases which are caused by Dietetic Errors ; Administration of Food for the Sick ; Diet in Disease ; in Infectious Diseases, Diseases of the Urinary System ; in Diseases of the Alimentary Canal, Diseases of the Liver, Diseases of the Nervous System, etc., etc. A well selected Appendix of Receipts for invalid food and beverages, suitable for fever and other patients, and, finally, a comprehensive index completes this excellent treatise. As we have said, this deserves a place among the text-books of our various medical colleges, and, we will add, of Training Schools for Nurses as well. With such excellent authority, we hope to see more attention given to this important subject.

420 FLOYD STREET, LOUISVILLE, KY., }
 October 1, 1895. }

Dear Doctor.—Having acquired all the interests of the R. & H. Pharmacal Co., I shall from now continue in the business alone, and take this opportunity of notifying my friends.

Now that the "R. & H." Three Chlorides and Henry's Tri-Iodides" have thoroughly established themselves in the confidence and respect of the profession—to say nothing of the hosts of warm personal friends to our credit throughout the Union—therefore, Doctor, I appeal to you *personally* for a continuation of your kind regard, and assistance in the future as in the past, and, believe me, it shall always be my duty and pleasure to subserve your very best interests. Your friend, HENRY PHARMACAL CO.,
 Per F. A. Henry.

CONVENIENT—(Antiseptic).—As a very prominent surgeon recently stated, " ' SENNINE ' is not only the most convenient for a surgeon, but the general practitioner as well, of any product that I have any knowledge of."

The Alabama Medical ^{and} Surgical Age.

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Original Communications.

URETHRITIS.

BY JEFF. SUTTLE DAVIS, M. D.,

MONTEVALLO, ALA.

Read before the Shelby County Medical Society, at Calera, Ala., Sept. 3, '95.

IMMEDIATELY after remarking on the many difficulties that I invariably experience in the management of gonorrhœa cases, during our last meeting, our worthy President, thinking no doubt that a little investigation into the subject on my part would doubtless prove extremely beneficial [to myself], requested that I prepare a paper for this occasion on urethritis.

As we are all aware, urethritis may be either simple or specific. As the simple differs in no great respect from catarrhal inflammations in other organs, we will confine our attention to the most important variety, or gonorrhœa. Before proceeding, I wish to state that I have nothing whatever new or original to offer, but my hasty review of the subject will serve rather to open the discussion, from which I hope we may all derive much benefit.

Gonorrhœa is an acute infectious disease affecting in men the urethreal mucous membrane and its continuations, and in women the vaginal mucous membrane and its continuations. The subject of the paper being urethritis, does not embrace gonorrhœa in the female. The specific cause of gonorrhœa is a diplococcus called the gonococcus. For convenience of description, writers divide the course of the disease into three stages: 1st, the increasing stage; 2nd, the inflammation stage; and 3d, the stage of decline. The first symptoms usually develop within ten days from exposure—sometimes within a few hours, but usually in three or four hours. They consist at first of a vague uneasy feeling about the meatus, which is variously described as a sensation of weight, heat, itching or tickling. Soon there appears a slight moisture at the meatus, and a “drop of thin and translucent fluid can be pressed from the urethra.” The burning sensation caused by the passage of urine is first felt at the meatus, but it gradually increases until the urine seems as “molten lead” and the entire course of the urethra seems to be literally scalded during each micturition. These symptoms gradually increase for three or four days; the discharge becomes purulent and the second stage begins. During this stage the disease is at its height. The patient complains of constant weight about genitals; lips of meatus are red and swollen; discharge abundant and sometimes, in severe cases, streaked with blood. Glans and prepuce swollen and the course of the inflamed urethra is plainly marked under the penis. The suffering attending the passage

of urine during this stage, and especially in first cases, is agonizing in the extreme. It is during this stage that painful erections and cordee make night a period to be dreaded by the sufferer. Finally the height of the disease is reached, and, after remaining stationary for a time, all the symptoms begin to decline gradually. The discharge becomes less abundant and thinner until it is finally the only remaining symptom. It gradually changes in character until it is a simple mucus discharge, and finally in favorable cases it disappears; or it may continue indefinitely, constituting chronic gonorrhœa, or gleet. Chronic gonorrhœa is so often associated with more or less narrowing of the urethral canal, or stricture, that many able surgeons consider the two affections synonymous and direct all treatment toward restoring the normal lumen of the canal. In other words, they teach that to cure a chronic gonorrhœa it is only necessary to "cut the stricture."

In order to understand the indications to be met by treatment it is necessary to know something of the anatomy of the urethra and the history of the gonococcus after gaining access to its coil. To quote Dr. Chas. M. Blackford in **Atlanta Medical and Surgical Journal*: "The male urethra consists essentially of a tube of mucus membrane, supported by a sub-mucus layer, which is composed of muscular tissue in the prostatic portion and of fibrous tissue in the spongy portion, but in this latter there is also found a layer of erectile tissue. The urethra being erectile—that is, being of varying length and dimensions under different circum-

*August, 1894; page 326.

stances—its mucus membrane is 'too large,' and is thrown into folds in the flaccid state, so that, strictly speaking, there is no lumen to the tube in its ordinary condition." Another point to be remembered in connection with the anatomy of the urethra is the presence of the many lacunæ or orifices of mucus glands, which may serve for so many hiding places for gonococci, and thus perpetuate a gonorrhœa.

That portion of the urethra anterior to the compressor urethras muscle is most often the seat of gonorrhœa, though it is by no means uncommon for the inflammation to extend to the posterior urethra. The gonococcus is found in the epithelial lining of the urethra and peri-urethral tissues, and, being *sub-mucus*, it is often taken up by the lymph stream and carried to distant parts, causing bubo, orchitis and other complications. The fact that it is *under* the mucus membrane is the most important point bearing on the treatment.

Wyeth says: "It is evident that no local remedial agent which does not destroy the mucus membrane, and thereby add to the inflammatory process, can destroy the cocci imbedded in the sub-mucus tissues." All authorities, however, do not take this view of the matter, and the entire treatment of the active stages hinges on this point, *i. e.*, can gonorrhœa be aborted?

As a rule, I think it can be said that the abortive treatment has proven unsatisfactory, if not injurious. Usually after the application of a strong solution of silver nitrate or bichloride there will be a temporary cessation of the discharge, but it soon reappears, and the only effect of the solution on the course of the

disease is the additional pain and inflammatory action produced by it.

These objections, however, cannot be urged against Pot. permang., as it really appears that this agent in solution sufficiently strong to very materially effect the course of a gonorrhœa may be used without injury to the urethral muscus membrane. For this purpose a solution of from 1 to 600 to 1 to 400 is used, and it is recommended that it be used hot. Weaker solutions are used when no effort is made to abort the attack, and I have gotten good results as an injection during all stages of gonorrhœa from a solution varying from gr. v to gr. x to aqua 3 viii.

While little success has attended the abortive treatment, it is none the less a fact that the 'gonococcus is the chief pathogenic principle of gonorrhœa, and all treatment should be based on a recognition of this fact. In other words, the treatment should be *antiseptic*.

The rule laid down by Prof. Neisser,* the distinguished discoverer of the gonococcus, for selecting remedies for this disease is: (a) Solutions that will kill gonococci, (b) which increases the inflammation as little as possible, (c) which do not injure the mucus membrane.

The same principle applied in treatment of all other inflammations should be insisted on in the treatment of gonorrhœa, *i. e.*, *rest*. When possible, the patient should be confined to bed for at least six days. It is seldom, however, that he will consent to this, and, in that event, his habits should be changed and regulated so as to obtain as much rest as possible. Alcoholic

* *Weekly Medical Review*, June 16; page 485.

drinks, coffee, fat meat and fatty substances and all sexual excitement should be forbidden. During the active stage alkaline diluents should be given, and of these I prefer the effervescent tablets of bichromate and citrate of potassium put up by Frazier. Many physicians also give antibleorrhagics during this stage, like cubebs, copaiba, etc., but I think them of doubtful efficiency and seldom prescribe them. The internal treatment from which I derive most benefit during all stages is the Ol. of Gaultheria, which, as was first pointed out by Wyeth,* sterilizes and increases the flow of urine and the urethra is thus constantly irrigated from the bladder. The dose is six drops four times daily. The bowels should, of course be kept open by salines, and I almost invariably direct a dose of Peacock's Bromides at bedtime. In regard to local treatment, the more conservative do not give urethral treatment during the acute stage, but I cannot believe that a weak application can possibly do harm, and as the patient invariably expects it, and will oftener than otherwise resort to patent mixtures if it be withheld, I think it best to always begin local treatment early.

When possible, I always have the patient come to my office for the local treatment, as much better results are always obtained by irrigation. As the urethra is plugged with the secretion in such a manner that the injection, instead of coming in contact with the inflamed membrane, merely plays on the end of the plug, the first thing to do is to wash it clean. It is also known that the gonococcus is imbedded in the pus cell, and,

* *Atlanta Medical and Surgical Journal*, October, 1892; page 499,

therefore, this preliminary lavage should be of alkaline solution to more readily dislodge the pus. A warm 10 per cent. solution of sodium Bicarbonate is the best for this purpose. It should be applied by means of a soft, flexible catheter attached to a fountain syringe. About a quart should be used at each lavage, and it should return outside the catheter so as to wash the sides of the urethra. When the water returns clear the antiseptic wash should be substituted, and for this I prefer a Pot. permang. 1 to 4,000 solution. It may be used through an ordinary irrigator with glass nozzle attached to the tube, or the catheter and fountain syringe may be employed. When the former is used the nozzle should be pressed firmly against the meatus until there is moderate distension of the urethra, that no part of the folded membrane may escape contact with the fluid. With the catheter the same purpose may be accomplished by gently pressing the sides of urethra in close contact with the catheter. The silver nitrate solution should never be used during this stage.

Unfortunately it is not always possible to have the patient visit the office for treatment, and in such cases he must be given a solution and syringe and instructed in its use. The fewest number will use a syringe effectually without this instruction. The syringe that I prefer is one of hard rubber with short round point. The injection should be slowly made while in the recumbent posture, and the patient should be directed to manipulate the urethra (by rubbing) in such a manner that the solution will come in contact with all the surface of the mucus "folds" heretofore mentioned,

For this first injection I prefer a weak permanganate solution—say gr. v to ʒ viii aqua camph. A solution of Hydrogen peroxide will also give good results during this stage. After the first day or two a favorite injection of mine is R̄ Morp. sulph. gr. vi; Lloyd's Hydrast ʒ iv; dist. ext Hamamelis ʒ ii; gum acacia ʒ iv; aqua rose ʒ v. M. sig., inject four times daily.

I have an idea that a solution of antipyrine would give good results during this stage. It is a local anesthetic, and it doubtless has considerable influence over the vaso motors, as it is a reliable local hæmostatic. The patient should be directed to urinate and then wash out the urethra with hot water before using the injection.

As the inflammation declines treatment must be more energetic. If treating by irrigating, the strength must be increased, and in this stage I often use the permanganate as strong as 1 to 400. If there be a tendency for the case to become indolent, I occasionally during this stage resort to silver nitrate irrigations—1 to 6,000 to 1 to 2,000 solution. Where the glass test shows a posterior urithritis the permanganate solution is thrown into the bladder by directing the patient to make effort to urinate while the nozzle is pressed firmly against the urethra. This dilates the entire urethra and gives easy access to the bladder. It is, of course, thrown out again immediately. Many surgeons resort to installations of a few drops of a gr. i to ʒ i silver nitrate solution for post. urethritis, but I prefer the permang. solution used as directed above.

In those cases where the application of remedies must be left to the patient, the hand injection during this

stage should be increased in strength. I have often gotten good results from the following formula that went the rounds of the journals a few years ago: \mathcal{R} Acid Boracici \mathfrak{z} iss; Tr. Iodine \mathfrak{z} ii; Glycerine \mathfrak{z} i; Aqua. Dist. Q. S. \mathfrak{z} iv. M. sig., inject morning and night.

This is also recommended as an abortive, but I do not think it advisable to use it during the active stage. A strong permang. solution is also a good injection and one of my prime favorites at this time is \mathcal{R} Bismute subnit. \mathfrak{z} iv; Boro Glyceride \mathfrak{z} ii; Lloyd's Hydrastis, Kennedy's Pinus Canadensis aa \mathfrak{z} iv; Aqua Rosæ Q. S. \mathfrak{z} iv. M. sig., inject t. i. d.

Some surgeons are partial to solutions of sinc sulph. in the strength of gr. x to \mathfrak{z} iv during this stage. In specially rebellious cases good results are said to follow an injection composed of zinc sulph. gr. x; lead acetate gr. xv; Tr. Catechu, Tr. Opii \mathfrak{z} i; aqua rosae \mathfrak{z} iv.

I usually continue the Ol. Gaultherin throughout an attack, but sometimes substitute the elastic capsules of cubebs and copabia late in the disease.

Occasionally the discharge will persist after it has become mucous and is free from "tripper faden" and gonococci. These are not, properly speaking, cases of gleet, and the only treatment necessary is injections of simple astringents with drugs to tone up the entire system. As an injection for this condition nothing is better than zinc sulpho carb. \mathfrak{z} ss to aqua \mathfrak{z} iv.

As already stated, chronic gonorrhœa or gleet in the vast majority of cases will be found to depend on stricture, and this must be relieved before the case can be

cured. When the exudate beneath the mucus membrane fails to become absorbed, but, instead, becomes organized, the rugæ resulting from the folds in the mucus membrane become glued together, producing a narrowing of the canal. The agglutinated rugæ form crypts or pockets retaining the secretions, and thus favoring the retention and multiplication of cocci. Thus it is apparent but little progress can be made in treatment until the stricture is obliterated. In many cases where the stricture is moderately soft this may be accomplished by gradual dilations alone, but oftener it will be necessary to do a cutting operation. After relieving the stricture the case will usually yield very readily to silver nitrate irrigations. Where the trouble is deep the irrigation must go beyond the cut-off muscle, and Ultzman devised a special instrument for these cases, which Keys has modified. I find, however, that I obtain just as good results from the catheter and fountain syringe, and where the inflammation is posterior to the compressor urethræ muscle I resort to the same expedient of having the patient make effort to urinate while the meatus is temporarily closed. In those chronic cases dependent on small mucus patches along the urethra the endoscope may be used to very great advantage, and I think the very best instrument of this kind is one devised by Dr. O. J. Stein, and described in the *American Medico-Surgical Bulletin*, February, 1895, page 147. Through this instrument the patches may be thoroughly cleansed with hydrogen preoxide, and then cauterised, and the most stubborn cases will soon yield to this treatment.

The complications of gonorrhea cannot be considered in this paper, but I wish specially to give the treatment that I have used successfully in gonorrhœal orchitis. It is F. E. Phytolacco gtt. x every two hours, and I have seldom known it to fail to give relief.

In giving the bromides and salines at bedtime congestion of the parts is prevented, and my patients, consequently, seldom suffer from cordee.

NEW YORK LETTER.

AS IS well known, great advancement has been made within very recent years in surgery, gynecology, and pædiatrics—surgery, of course, claiming more than any other department.

New York surgeons are inclined more to *asepsis* than *antiseptis*; some, however, take a middle stand; but the great majority favor thorough *surgical* cleanliness to antiseptics, as the latter cause wound-irritation and retard union.

As a rule, when antiseptics are used drainage *must of necessity* be used also; but where *thorough asepsis* has been maintained, no drainage is necessary, except in very large wounds where the wound secretion will be excessive.

Instruments are sterilized by boiling water; towels and sheets near the wound are sterilized by dry heat, usually; the field of operation and hands of the operator and assistants are cleansed with hot water, green soap, and brush, then ether, followed by sterilized or bichloride water. With all these preliminaries, supuration never occurs in surgical wounds. Marine

sponges are still used by some of the leading institutions—only once, however, then they are thrown away. The sponge used by most hospitals consists of several layers of sterilized gauze, the edges of which are stitched over to prevent loose threads from lodging in the wound. The wound, as a rule, is not irrigated, but swabbed with sponges; careful coaptation and hæmostasis are scrupulously performed. Most surgeons use cat-gut for closing skin or making deep sutures. The gut is well prepared before using. It is boiled for one hour in *absolute* alcohol, and then put up in dry vessels or in alcohol, ready for use. They consider the ordinary carbolized cat-gut of commerce *absolutely dangerous*.

Iodoform, unless specially prepared by sterilization with bichloride of mercury, is another dangerous thing to put on a wound. It *invariably* produces infection in the wound; so most surgeons use the plain sterilized or bichloride (moist) gauze next to the wound.

Morris, of the Post-Graduate School, uses aristol, even in the abdominal cavity on "appendix-stumps," which he claims hastens the formation of plastic lymph and thereby shuts off the general peritoneal cavity. He operates for appendicitis just as soon as diagnosis is absolute—it doesn't matter at what stage of the disease. He it is who has done so many operations with "an inch-and-a-half incision, a week-and-a-half confinement, and an evanescent eschar." He has just completed his book on this disease.

At the German Hospital, the wounds, after operations for hernia, are dressed with three or four narrow strips

of plain gauze, held *in situ* by flexible collodion; this is all the dressing used. For such wounds, at the Polyclinic, numerous layers of gauze, then cotton, then rubber tissue, then bandage.

In removing carcinomatous breasts, a large amount of skin overlying the gland is removed. An incision into the axilla is *always* made, whether or not enlarged or indurated lymph nodes can be palpated. Some operators remove the breast *first*, then lymph-chain and axillary glands; but others begin the operation in axilla and remove breast *last*—claiming that by so doing they avoid manipulation of breast, and thereby “squeezing” infection further up into the lymphatic current. After amputation of breast, a counter puncture is made through the latissimus muscle, and drainage tube inserted.

Surgical kidney (pyonephrosis) is removed by McBurney, preferably through a curved incision in front and parallel with the costal cartilages, instead of an incision posteriorly through lumbar region.

Bow-legs, knock-knees, and angular deformity resulting from hipjoint disease, are treated every day at hospital for “Ruptured and Cripple,” by osteotomy; breaking or cutting the bones sub-cutaneously at the point of greatest curvature, and then putting on plaster of paris.

Hernia is treated at most of the hospitals by Bassini's operation—which consists in cutting through aponeurosis of external oblique muscle and dissecting each side back; then separate the sac from spermatic cord, and tie off sac on a level with peritoneal cavity;

then stitch Poupart's ligament to the internal oblique and transversalis muscles—do this while the cord is held up, thereby transplanting the cord; then sew up the aponeurosis of external oblique over the cord. This is all done by kangaroo tendon, because it is not absorbed under seventy days.

John A. Wyeth, of the Polyclinic, thinks the McEwen method of treating the sac an *ideal* one—which consists of stitching the sac “through and through” several times for its whole length, then “puckering” it up and fixing it in internal ring by kangaroo tendon passed through the abdominal wall in front, and secured by a roll of iodoform gauze over abdomen.

Inoperable sarcoma is treated by inoculation with toxins of erysipelas, or by germs of suppuration, making them break down. It has been shown *recently* that the egg of the “green-fly” (maggots) will create a toxin destructive of sarcomatous cells.

Epithelioma of the face or elsewhere is treated at the Polyclinic by Marsden's paste—which consists of arsenious acid, gum acacia, and cocaine; this being made into a paste with water, and applied for eighteen or twenty hours, then the wound dressed antiseptically.

At the Post-Graduate, epithelioma is treated by Powell with terchloride of antimony, painting the parts once weekly, and with good results.

Urethral strictures of the pendulous urethra are *invariably* cut with urethrotome; while very tight strictures of the deeper urethra are treated by external urethrotomy. If stricture of large calibre in deeper urethra, divulsion and gradual dilatation are used.

Hæmorrhoids are treated by Kelsy, and others, with clamp and cautery.

Fractures involving the elbow-joint are treated successfully by Willy Myer, of the Post-Graduate School,

as follows: Put the arm up in splints, at an angle of 120 degrees, and let it remain for ten days—during which time elastic compression, with Esmarch's bandage, is made *directly over* the point of fracture, to promote absorption of the effusion and hemorrhage. At the expiration of this ten days, the position of the limb is changed to flexion—less than a right angle. This position is maintained for ten more days; at the expiration of which, give the patient ether, and straighten the arm, and keep it so for eight days; then begin passive motion and massage during day, and keep a wet dressing on at night.

Floating kidney (nephoptosis) is easily diagnosed by making patient stand erect and placing one hand in front, at the junction of the rectus abdominis and costal cartilage, and the other hand behind, at the junction of erector spinæ and lower border of ribs, then palpate, and the kidney (even in normal position) will be distinctly felt.

The operation of "anchoring" a floating kidney (nephrorraphy) is a simple one, and is done by Dr. McCosh, of the Presbyterian Hospital, as follows: An incision is made in lumbar region, at outer margin of erector spinæ muscle, down to kidney; the organ is then secured, and its capsule cut the length of two inches; then the kidney is transfixed at its cortex by three cat-gut and *one* silkworm-gut sutures—this is done with a round needle; then the ends of cat-gut sutures are threaded into a sharper needle and passed through the muscles at each margin of the wound and tied—thereby closing the wound, and bringing the kidney into position; the silkworm-gut is passed through all tissues and brought out on skin-surface and secured by a roll of iodoform gauze, (not tied); the silkworm-gut is not removed for three weeks. The

incision in the capsule of kidney is made to cause adhesion to lumbar fascia at the point of cut.

"Tic douloureux" is treated successfully by Dr. Abbe, of Post-Graduate, by removing the Gasserian ganglion and the roots of the second and third divisions of the fifth pair of cranial nerves. This is done by Hartley's method—entering the middle fossa of skull through temporal region.

Murphy's button has been used in pylorotomy, and in intestinal anastomosis.

Varicosed veins of the leg are treated by subcutaneous ligature, excision, or by Trendelenburg's method, *i. e.*, ligation of internal saphena where it empties into femoral vein.

Obstinate ingrowing toe-nail is treated by Phelps and Fowler by removing not only the nail, but all of the matrix as well.

Adenoid growths in the rhino-pharynx are easily diagnosed by the mouth-breathing, snoring in sleep, and the nasal twang; and are readily removed by the adenoid forcep or curette, without even an anæsthetic.

Both the Post-Graduate and Polyclinic Schools are well attended, and have nearly an equal number of post-graduates in attendance.

The new St. Luke Hospital, when completed, will be the finest in New York.

In this letter, I have confined myself to general surgery; but in my next, I shall treat of gynecology in all of its departments; and in my *third* letter, I shall give some of the most recent and practical points in pædiatrics and general medicine.

Wishing the AGE success, I remain

Yours respectfully,

W. R. JACKSON, M. D.

New York, Nov. 7, 1895.

Selected Articles.

THE TREATMENT OF INTERMITTENT FEVER.**BY WALTER M. FLEMING, M. D.**

240 FIFTH AVENUE, NEW YORK.

Before the discovery of the tubercle bacillus, many a cough was allowed to continue without treatment and the real difficulty not suspected until a sharp hemorrhage or a hectic fever revealed the true situation. Only a few months ago diphtheria patients walked the streets with a simple sore throat, while cases of follicular tonsillitis were carefully treated as diphtheritic in character. Nearly all of us were taught that malaria was an earth-born poison, which filled the air with "a fever-generating agent."

Now, all this is changed. The tubercle bacilli can be detected in the earliest stages of phthisis. The Klebs-Loeffer bacillus decides the presence of diphtheria; and the malarial germs of Laveran tell us we have an intermittent fever.

It is natural that we look for a remedy which will destroy these germs or counteract their poisonous products. Indeed, it now appears that we have, unconsciously to be sure, been giving a perfect specific for the cause of the latter disease. Quinine is no longer administered in an empirical manner. We know precisely why we give it and what it does. Quinine exerts a deathly influence over the malarial germ, therefore it may be given with the satisfaction of knowing that it will invariably check the paroxysms of an intermittent fever. If its use is not followed by this cure, then it is certain that it never came in contact with the red corpuscles of the blood. Absorption was incomplete or the quantity of the drug was insufficient. In the light of all this, it is certainly bordering on the ludicrous

that the National Dispensatory should give a list of seventy-six remedies in the index under Intermittent Fever.

The patient has usually had a malarial paroxysm before seeking medical advice. As hepatic activity is necessary to obtain the best effect of the specific treatment, so, in cases of constipation at least, it is better to begin the treatment with the following prescription, which should be taken five or six hours prior to the quinine :

R̄ Hydrarg. Chloridi Mite.

Sodae Bi-carb., aa gr. 1.

M.—Divide into six powders.

Sig.—Take one powder every fifteen minutes, using all the powders.

This is far preferable to giving the colomel in one single dose and in larger quantity. However, it may be necessary, if the patient is insensitive to purgatives, to increase the quantity in the prescription by one-half. While this preparatory treatment is not necessary, yet it is certainly true that after its employment a less quantity of quinine is required and the general condition of the patient is improved.

It has been stated that this treatment should be given five or six hours before the specific treatment. It should now be said that the latter treatment is best inaugurated at such a time that it will be exerting its fullest physiological action when the next paroxysm is due. This time can be quite accurately stated when we remember that a paroxysm often begins an hour earlier than the preceding one and that about three hours are required for the quinine to be in its most active condition in the body.

To insure prompt and complete absorption the quinine is best given in liquid form. The following is a favorite prescription :

℞ Quinia Sulph., grs. xv.

Aquae, " oz. j.

Acid Sulph., dil. q. s. ft. sol.

Mx. et. Sig.—Take at one dose in one-third glass of water.

With the above preparatory treatment and with the quinine dissolved, this dose is equivalent to at least twenty grains given after the usual manner; while it is certain we should not trust to pills or capsules at such a time, unless we know positively that these are in a perfectly soluble condition.

To prevent the uncomfortable head symptoms which accompany full doses of quinine, and also to relieve the pain which is likely to be present at the same time of the expected paroxysm, the following prescription should be given four or five hours after the specific:

℞ Antikamnia Tablets (5 gr. each) No. xxiv (24).

Sig.—One tablet every two hours while pain necessitates.

While the above dose of quinine is sufficiently large for residents of most parts of the United States, yet in some of the Southern States, and in other sections where malaria abounds with unusual force, it may be necessary to give the quinine as high as twenty, forty, or even sixty grains. But in the great majority of cases the above single dose will be sufficient to prevent a second chill.

In order that there may be no question about the recurrence of an attack, and also in order to bring the system under the influence of a good tonic, the quinine should be continued for one or two weeks in doses of 5 to 10 grains a day. As the malarial germ has left its effects on the nervous system and often to a marked degree, so a remedy is indicated which will put at rest the disturbed condition. The following will be found satisfactory in every way:

R Antikamnia and Quinine Tablets, 5 gr. each, No. xxiv.

Sig.—One tablet three times a day after meals.

This tablet contains $2\frac{1}{2}$ grs. Sulph. Quinine and $2\frac{1}{2}$ grs. Antikamnia, being the most desirable proportion.

If the physician be called while the patient is suffering from a paroxysm, and he is in doubt as to its nature, he has only to remember that any intermittent fever which resists the action of quinine is not necessarily of malarial origin. Even during the chill of a malarial attack the temperature may rise to 102° or higher, while it is often true that when the chill has passed and the fever is on, the thermometer will show a lower degree of heat. Therefore, no better treatment can be given at the beginning of or during the chill, than the following:

R Antikamnia Tablets, 5 gr. each, No. xxiv.

Sig.—Take two tablets immediately. Repeat dose in two hours if pain necessitates.

The antikamnia will relieve the congestion of the abdominal and thoracic organs and will materially alleviate the headache of the second stage especially. In fact, it practically robs the fever of its most distressing features.

When we consider that the cause of intermittent fever is so thoroughly understood and that quinine is regarded as its specific, destroying said cause, how puerile are all attempts to bring forward new substitutes. Although pain may not be dependent upon any special living organism, yet it is certain that in antikamnia we have a most reliable specific.

In regard to the treatment of all forms of Febrile Maladies, periodic or continued, I have found the Antikamnia Tablets with its various combinations of codeine, salol or quinine (as indicated in each individual case), the most reliable, prompt and satisfactory remedies in controlling these intractable disorders of any remedial agent known to me in a general active practice of over thirty years.

Society Proceedings.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE—74TH REGULAR MEETING.

The President, Dr. John Neff, in the chair.

The following officers were elected for the ensuing year :

Dr. William S. Gardner, President.

Dr. J. Edwin Michael, 1st Vice President.

Dr. William P. Chunn, 2nd Vice President.

Dr. J. Mason Hundley, Secretary.

Dr. James M. Craighill, Treasurer.

DR. JOHN NEFF read the histories of the two following cases of septic infection before abortion :

On the morning of the 9th of April, 1894, she noticed some slight hemorrhage and pain, which became persistent and frequent during the day. At midnight she had a prolonged chill, followed by high fever and profuse perspiration. When I saw her early the next morning her temperature was 104 degrees, pulse 130. On digital examination I found the os resistant and only slightly pervious, hemorrhage slight, and pain trifling and infrequent. Thinking the abortion might be prevented, as it had not been criminally induced, I enjoined absolute rest, and gave anodynes. At my next morning visit the temperature was still 104 degrees and pulse 130 ; frequent chills had occurred during the night, and now the miscarriage was inevitable, the fetal portion having passed during the night. The os was now patulous and easily dilatable, and the dull curette was used to remove the remaining portions. Intra-uterine douche of permanganate of potash, 5 grs. to ounce, followed by copious use of sterilized water. Thus, within a brief time after inception of abortion,

the uterine cavity was emptied of its contents, which were healthful, was antiseptically treated, the temperature remained high, the irregular chills were frequent. During the night arthritic trouble developed in the right shoulder and left knee, the joints became swollen, sensitive and painful. Effusion rapidly took place in knee joint, distending the joint more and more each day. The fluctuation seemed to indicate a fluid that was purulent in character, if not already pus. Aspiration was decided upon on the 17th, and employed, taking from the part ten ounces of sero-purulent fluid, which undoubtedly would have become pus if allowed to remain, and proven destructive to tissues of the joint. No more rigors occurred, and the pulse fell to 96, and temperature to 100 degrees, within a few hours after the operation. The joint did not refill, but motion was impaired for several weeks, and four months elapsed before normal restoration occurred. No effusion took place in the shoulder joint, but the arm was painful and its use impaired for two months.

The effusion in knee joint was doubtless of septic origin, as it began almost simultaneously with inception of the miscarriage. There was slight tenderness in pelvic region, but no distension of abdomen or peritoneal investment.

The treatment was sulphide of calcium, grs. 3 every 4 hours, alternated with salicylate of quinine, grs. 5. Full nourishment and moderate stimulation. Hypodermics of morphia to allay pain of joints.

The other case was Mrs. C., aged 26, mother of two children, youngest 18 months old. Had missed two monthly periods, and on December 21, the date for its usual return, she noticed slight hemorrhage and irregular pains. In this condition, took a long shopping jaunt that afternoon and evening; the weather was intensely

cold. After retiring she was seized with a prolonged chill, which repeated itself a second time, followed by fever and profuse perspiration. When I saw her in the morning I found her temperature 105 degrees, pulse 130. The hemorrhage was still slight, and uterine pains infrequent and short. The os being impervious, the miscarriage did not seem imminent. During the next twenty-four hours, the irregular chills and high temperature were maintained, and the abortion now seemed inevitable, some fragmental tissue having passed, and the pain and hemorrhage increasing. The abdominal tenderness was now marked, and especially in the right ovarian region was tense and most sensitive. It now seemed impossible to prevent the abortion, and I dilated and removed the contents, which showed no putrefactive change. Employed intra-uterine injections of hot carbolized water. The lochia continued natural and inoffensive, still antiseptic vaginal douches were employed daily.

The second day she complained of pain in her right hip joint, and I readily recognized the beginning of arthritic trouble that existed in the previous case just reported. The pelvic tenderness continued; by palpation I detected enlargement and filtration of the right ovary and tubes. The temperature, even with large doses of quinine and antifebrine, continued high, ranging from 103 degrees, a. m., to 105 degrees, p. m.

The arthritis lasted three weeks in the acute form, and impaired the use of the joint two months. The pelvic tenderness and infiltration subsided with the acute arthritic symptoms, and tedious convalescence began. The treatment employed was large doses of sulphide of calcium and salicylate of quinine, alternating with salicine and cold water bag on groin and hip when the temperature was highest. Gave nourishing diet

and mild stimulation; hypodermic injections of morphia to alleviate arthritic pain and to induce sleep.

DR. WM. P. CHUNN: I do not remember to have seen a case where sepsis made its appearance before abortion. The arthritis in Dr. Neff's case was unusual. In a case recently seen, the first symptom of trouble after the abortion was high temperature.

DR. JAMES M. CRAIGHILL: I find that the early miscarriages are the ones that give the most trouble. Many times I am in doubt what to do with these cases.

DR. T. A. ASHBY: I am inclined to think that the case of arthritis was not sepsis. In all cases where the uterus is not completely emptied, I think there is but one thing to do—dilute and curette. I have curetted many such cases, and have had no trouble from it.

DR. WM. E. MOSELEY: After many cases of abortion, there will be a chill and fever that has no relation to the abortion. After abdominal operation there may be a phlebitis that is not associated with any local infection. We also often have a malarial infection. Use the finger, if possible, in emptying the uterus, because when the finger can be gotten inside the uterus a much more intelligent idea of the condition of the cavity can be formed. When this can not be done, dilute with parallel bars and curette.

DR. WILLIAM S. GARDNER: The case of arthritis related by Dr. Neff, of course, might have been due to some other cause than sepsis, but associated as it was with the abortion and the general condition of the patient, I think that it is highly probable that it was just such a joint infection as is seen in pyæmia. I have seen just such a case, where not only the knees, but other joints were involved.

I do not agree with the opinion that we ever have

phlebitis after labor, or after abortion, that is not associated with a local infection. I believe, not only that we always have an infection, but also that the infection takes place at the time of operation or labor, though it may not develop to a marked extent until several days have elapsed. I have never seen a case of this kind in which the patient had a perfectly normal temperature for twenty-four consecutive hours, between the labor or operation and outbreak of the septic attack.

DR. WILLIAM S. GARDNER read the following paper:

“THE LESIONS ASSOCIATED WITH DYSMENORRHOEA.”

It has been long recognized that painful menstruation is associated with, if not due to, some pathological condition usually of such character that it can be readily recognized and often corrected. There is a limited number of cases where no gross lesion can be detected. And even when there occurs a gross lesion of the internal organs of generation, it does not necessarily follow that the dysmenorrhœa is due to the lesion, or that the curing of such a lesion as is found will necessarily relieve the painful menses.

But from a careful clinical study of the lesions found associated with painful menstruation, we will learn more about the direct causal relations between the lesions and the pain, and consequently learn more about the relief of this trouble, which not only makes many a woman uncomfortable, but unfits her for duty during from 10 per cent. to 25 per cent. of the active period of her life.

I have taken 120 cases that have complained of painful menstruation, and have attempted to classify them according to what appeared to be the most important lesion detected. Among the 120 were eight multiparæ who, on account of an intact hymen on the presumption of its presence, were not examined digitally; this leaves 112 who were examined.

One of the most striking points noted is the very large number of sterile women ; 44, or a fraction less than 40 per cent., belong to this class. Of those who had been pregnant, 12, or over 10 per cent., had never had a child at full term ; 15 more, or 13 per cent., had had a miscarriage since the last full-term child was born, leaving less than 37 per cent. of the total number whose last pregnancy had come to full term. Without further examination these figures would indicate that, in a large proportion of patients, suffering from dysmenorrhœa, there were present lesions which also interfered with conception.

A detailed account of all these cases named would be very tedious, and I will give the list of lesions found, and then make some comments upon a part of them. It should be borne in mind that the lesion noted was not necessarily the only one present, but was the most marked, and presumably the one to which the pain was due. I say presumably, because we find these same lesions in patients who have no dysmenorrhœa ; but to go into the relations of all these lesions to dysmenorrhœa would lead us further than the limits of this paper would allow. Of the 112 patients examined, the following were found :

Endometritis	23
Retroversions.....	14
Pyosalpinx.....	17
Anteflexions.....	14
Laceration of Cervix and Endometritis....	10
Cervical Stenosis.....	8
Constipation.....	7
Retroflexions.....	4
Enlarged Ovaries.....	4
Fibroids.....	2
Prolapsed Ovaries.....	2
Prolapsed Uterus.....	...
Lacerated Cervix.....	1
Membranous Dysmenorrhœa.....	1
Nothing found.....	5—112

Of the 23 in whom endometritis was apparently the most marked lesion, 9 had had their last pregnancies terminate in abortions ; 5 are known to have had gonorrhœa ; and of the 8 in whom nothing further than a cervical endometritis was noted, it is highly probable that a considerable number had had gonorrhœa. Only one case that was probably a corporeal endometritis was noted.

Of the 18 retrodisplacements, 13 were retroversions in which no adhesions were detected ; 3 retroflexions with no adhesions, and 1 retroflexion and 1 retroversion with adhesions. Two other retroversions with pus tubes are in the list of pyosalpinx cases.

Of the 17 cases of pyosalpinx, 9 were of gonorrhœal origin, 2 probably puerperal, and the remaining 6 were due to an infection which could not be traced directly either to gonorrhœa or to a puerperal infection.

Ten of the 13 antelexions had never been pregnant; the other 3 having been pregnant one or more times. At least 1 of the 10 is known to have become pregnant after dilatation, and gauze packing had been used. This patient had also had gonorrhœa.

In 3 of the 8 cases of stenosis of the cervix, the lesion was due either to a cicatrix forming after operation on the cervix or after laceration.

The patient suffering from membranous dysmenorrhœa made but one visit. She brought with her a complete cast of the interior of the uterus, and said that she had passed such a cast at each period since her last confinement, which had been five years previous to the visit.

From these cases it is seen that 100 out of 112 patients suffering from painful menstruation, who were examined with a reasonable degree of care, were found to have some marked organic lesion of the internal generative organs.

The practical conclusion to be drawn is, that dysmenorrhœa being due in nearly all cases to some local

trouble, the treatment for its relief must be directed toward relieving the local disease.

DR. T. A. ASHBY: I agree with Dr. Gardner, that dysmenorrhœa is a symptom, and is due to a local lesion, and I believe that stenosis and ante flexion are responsible for a majority of the cases. It is confined largely to the sterile woman, or the ones who have been infected. I have seen a few cases of fever and simple ovarian dysmenorrhœa where it was necessary to remove the ovaries to cure the pain, but these cases are very rare. In cases where the ovaries were removed, the corpora lutea were found to be the same as those of pregnancy. Ovariectomy should be the last resort.

DR. WM. E. MOSELEY: I believe that ante flexion is a much more common cause of painful menstruation than is commonly recognized. I agree with Dr. Ashby, that it is the most common cause. The class of cases where you can make out the most direct cause is among the younger women. Dysmenorrhœa associated with ante flexion is apt to be in women who are debilitated.

DR. GARDNER: These 120 cases of dysmenorrhœa have been collected from about 1300 women with various complaints. In many cases the menstrual pain was secondary to some other more troublesome discomfort. My statistics certainly do not agree with Dr. Moseley and Dr. Ashby when they state that the majority of patients with dysmenorrhœa have ante flexion. Only a fraction over 13 per cent. of the cases which were examined had ante flexion. I think they have both been misled by depending upon their memories instead of upon their written statistics. Patients who suffer from dysmenorrhœa due to ante flexion, as a rule, do not have pain at any other time, and this emphasizes that one symptom. While the larger number of patients suffering from dysmenorrhœa due to other lesions have other pains and other complaints which mask the dysmenorrhœa, I think this accounts for the patient's dysmenorrhœa due to ante flexion being more distinctly remembered.

WILLIAM S. GARDNER, M. D.,
623 Park Avenue. Secretary.

SEVENTH ANNUAL MEETING OF THE TRI-STATE MEDICAL
SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE.

First Day.

Called to order by the President, R. M. Cunningham, who presided during the whole session.

Opened with prayer by the Rev. J. W. Bachman.

After hearing reports of the Secretary and Treasurer, and the transaction of some miscellaneous business, the President delivered his address,

TUBERCULOSIS,

based upon observations of that disease in the Alabama Penitentiary, notably at Pratt City, Ala.

For a period of 20 years, ending October, 1889, the mortality from tuberculosis was 19.33 per cent. of the total mortality from disease.

He concluded, from statistics from 1883 to 1895, that out of an equal number of white and negro convicts, there were 7 deaths among the negroes to 1 among the whites from tuberculosis. The figures demonstrate the wonderful racial predisposition of the negro race to tuberculosis, compared to the white, under precisely the same environment, which he explains as follows :

1. The negro has acquired, since his emancipation, a predisposition to tuberculosis, which for the present and succeeding generations is hereditary.

2. The greater liability to diseases which produce a local predisposition to tuberculosis, notably bronchial and intestinal catarrh and pleurisy.

3. He is physically, mentally and morally inferior to the white man ; therefore

4. He is more liable to contract disease, particularly tuberculosis and thoracic diseases (local and from infection) generally.

5. His changed social, religious, political and industrial relations, involving as a rule a change from the segregate to the aggregate, from country to town, and from farm to public works.

6. His disregard for all rules of sanitation.

The greatest mortality was between 20 and 30 years of age. In an analysis of 71 cases, 35 had been in prison less than one year. Many were diseased when received. The figures demonstrated an endemic from April to September, 1895.

There are two prisons at Pratt City, a mile apart; number of inmates about equal, under the same management and hygiene. At No. 1, 45 deaths; No. 2, 26—difference in favor of No. 2, 19, explained as follows: From tubercular peritonitis, there died at No. 1, 20, at No. 2, 1—difference 19, exactly the difference in mortality from tuberculosis. This difference was due to an epidemic of diarrhea at No. 1, proving that intestinal catarrh predisposes to tuberculosis, especially the peritoneal form. He always found an epidemic of diarrhea to be followed by a large number of cases of tubercular peritonitis.

The causes of tuberculosis were divided into the essential and predisposing. 1. The essential: the tubercle bacillus. 2. The predisposing: (a) an inherited constitutional predisposition, (b) an acquired constitutional or local predisposition. The predisposing *never alone* producing, and the essential rarely; the two acting together producing the disease.

He classified tuberculosis into: 1st, acute general tuberculosis; 2nd, chronic general tuberculosis; 3rd, acute local tuberculosis; 4th, chronic local tuberculosis.

Primarily it is the result of hetero-inoculation, and as a rule, almost without exception, is a local infection producing chronic local tuberculosis, the general and

acute forms being the result of auto-infection. The type, site and extent of the disease depending on the constitutional or local predisposition, and the number and manner of the introduction of the tubercle bacilli.

In general acute miliary tuberculosis the lungs, peritoneum, spleen, and sometimes the liver, rarely the kidneys, were involved, the patients dying before the caseous stage of the process was reached. These cases most frequently followed pleurisy, notably after aspiration with a large amount of fluid withdrawn, and from tubercular glands.

In the chronic general form, the process involves the same organs, but the infection is not so general and the caseous stage is often reached, and local inflammatory lesions generally found. In both there may be an active tubercular inflammation developed, in some organs rapidly terminating the disease. The bacilli were distributed by the circulation.

In the local forms, the accute as a rule assumes the form of an acute inflammation. The inflammatory symptoms may be slight, the acuteness and severity depending on the intensity of the local infection and tubercular process. These cases usually result from a local auto-infection from a chronic tuberculosis which may not have been even suspected.

He has found tuberculosis in the bones of the negro, the sternum being most often affected. The acute form is very rare.

H. Berlin thought that the reason there was so much tuberculosis in the prisons was, 1st, because the convicts were in a weakened condition ; 2d, that while the prisons were apparently clean, they contained disease germs, but the main factor was the dust from the mines, which shows sharp corners under the microscope, which cut the delicate tissue and admit the bacilli.

C. Holtzclaw had noticed the frequency of tuberculosis in the county institutions further, that while the left lung was first affected in the whites, it was the right in the negro. One reason of the greater liability of the negro to the disease was, that the whites had acquired an immunity from long contact.

J. B. Murfree could not endorse the idea that diarrhea had anything to do with inducing the disease, except as it weakened the system ; while the bacillus was the cause, an equal factor was the predisposition.

J. B. Cowan thought that we could lift up the vital energies, and put the functional activity in such a condition as to resist the disease.

G. A. Baxter took issue with Dr. Murfree as to diarrhea producing the disease, which it did by producing a means for the entrance of the bacilli. One factor the writer did not mention, and that was the food, and especially milk. In China this disease is rare, and this is attributed to the non-use of milk. He had frequently seen tuberculosis of the bones and in the glands of the neck. He differed from Dr. Cunningham in regard to the removal of these ; an imperfect removal might result in general infection, but where there were 2 or 3 there could be no objections to removal.

J. W. Morgan related a case of tubercular peritonitis operated on, and the stitches broke, leaving the wound open, and the case had done well since.

P. L. Bouillette regretted that the microscope had not been used by the writer, as it was sometimes difficult to diagnose tuberculosis.

In closing the discussion, Dr. Cunningham said that dust produces changes which predispose to tuberculosis. It does not produce the disease, but a fibroid phthisis, which is not tuberculosis. He believes the negro is acquiring a predisposition to tuberculosis. He did not

find typical tuberculosis in the negro. Both lungs were affected as a rule. Diarrhea predisposed to the disease by abrading the membrane and giving entrance to the bacilli. The weakness of the paper was, that the microscope was not used, but the clinical history and the gross lesions were enough to make the diagnosis.

G. Manning Ellis read a paper on

PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS, and presented a patient giving the characteristic history. The boy was late in attempting to walk. The muscles seemed to be large and well developed. The gait was oscillating; the child, while seeming to be well developed and otherwise healthy, showed an increase in the difficulty of locomotion. The characteristic symptoms were shown, the peculiar gait, the lordosis, the manner of rising by placing the hands on the knees and climbing up the thighs, which is almost pathognomonic, the absence of the tendon reflex and the diminution of muscles of the legs which comes after the enlargement. The upper extremities showed the enlarged infra spinata and decrease of the latissimus dorsi, producing an absence of the axillary fold.

Willis F. Westmoreland asked if there was an adherent prepuce? The reply was, there was not. He reported two cases where there was adherent prepuce in one, there was an operation in a late stage, but no improvement. He thought it possible that if there were any irritation from this cause, that the removal of this before the disease began would be of benefit.

Night Session.

A reception was tendered the society by Dr. and Mrs R. P. Johnson at the Southern Sanatorium.

Second Day.

J. B. Murfree read a paper on

THE PLACENTA : WHEN AND HOW DELIVERED.

He thought that, as soon as the child was born, Crede's method should be employed. If the placenta does not come away in 20 minutes, gentle traction should be made on the cord. Undue force should not be exerted. If this does not succeed, and especially if the placenta presents at the os centrally, the hand should be introduced and the edge of the placenta freed from its attachments. If the placenta was delivered as soon as the child was born, it would leave the mouths of the vessels open. Exactly when to remove it cannot be definitely stated in every case. Most practitioners wait too long.

R. E. Kime took issue with the author in regard to introducing the hand into the uterus, as that would greatly add to danger of infection. It is rarely necessary to introduce the hand. By wrapping the cord around the fingers of the right hand, and pressing the posterior lip of the cervix backward, the placenta will slip out. He protested against ergot, which contracted the os and prevented the placenta from coming out.

W. G. Bogart agreed with the writer in the main. He proceeds to deliver placenta as soon as he ties the cord, gives the child to the nurse, and prepares his hands, which takes about 20 minutes. He grasps the fundus, and squeezes the placenta out if possible. If not successful, he introduces two fingers into the uterus and makes a rotary motion with the other hand still on the fundus. Never makes traction on the cord, which he deems dangerous. Ergot should not be given to expel the placenta. An important point was to get all the placenta away. Has no fear of putting the hand into

the uterine cavity if it was thoroughly cleansed, nor does he deem it necessary for this reason to use an intra-uterine douche.

Preston Scott thought that we were all too hasty to get rid of the placenta. Time should be given for tonic contraction. Gentle traction should be made on the twisted body of the placenta. Had excluded ergot from his practice entirely. He used the hot water douche when the delivery was slow to promote contraction.

J. P. Stewart waits longer than 20 minutes ; an hour if there was no hemorrhage. If the placenta was in the vagina he delivers at once, as it acts as a foreign body, causing contraction and tearing the membranes.

J. B. Cowan thought there was a happy medium between 20 minutes and an hour. He assists nature during the pains. If necessary, he puts his hand into the uterus. Postpartem hemorrhage can be prevented by steady pressure over the fundus, kept up for an hour if necessary. He never pulls the cord.

Dr. Murfree said that ergot was liable to produce hour-glass contraction. There can be no harm in introducing the hand into the vagina.

E. H. Sholl read a paper entitled,

REFLECT,

reporting several cases which were not relieved, because not properly investigated by means within the reach of any practitioner. A case treated for liver disease was relieved by treatment indicated from an examination of the urine ; one diagnosed as consumption was relieved by a similar course ; one of headache was found to be due to diabetes. In these cases the urine had not been examined. Doctors, as a rule, should study their cases more.

J. B. Cowan said that the lesson of the paper was,

that all should learn to reflect. Nothing in medicine is so simple that it did not require thinking. In this respect he found fault with modern education, in that it was too much a process of cramming.

Willis F. Westmoreland thought the modern medical college taught that every patient should be examined as well as if for life insurance. The day when albumen could be seen by simply looking at the bottle was passed. No college of any pretension did not teach analysis of urine and the use of the microscope. The modern student was better qualified than were those of the past.

J. B. Murfree thought that the point of the paper was not that we did not know how to make these examinations, but that we did not take time to think about our cases. The facts were not put together.

Preston Scott was astonished that in many cases seen in consultation, no examination of the urine had been made, and the cases had not been properly studied.

W. C. Townes asked the author what he meant by a rigid diet.

Dr. Sholl stated that he meant the exclusion of all starchy foods, the use of meats, milk, eggs, oysters, cheese, turnip greens, celery, and such articles.

Willis F. Westmoreland presented

REPORT OF CASES : (a) TRACHEOTOMY FOR FOREIGN BODIES, (b) CYSTOTOMY FOR STONE.

He reported 27 successful cases of tracheotomy for foreign bodies. In all the tracheotomy was made by cutting the first ring, and enlarging downward as necessary. Operations were made as early as possible. The external incision was made large enough. Muscles were separated and the fascia divided, vessels were ligated so that no forceps were in the road. If necessary, the isth-

mus of the thyroid was divided and ligated. No tenaculum was used in the trachea. Instead of trachea forceps, the wound was held open with a silk thread introduced with a needle, having no cutting edge. The foreign body was not probed for, but the wound was left open in one case (cockle bur) for 3 days. Where the offending substance is at once expelled, the mucus will sometimes prevent closing the wound. In closing the wound the tissue under the mucus membrane is brought together with silk, using a needle with no cutting edge and the Halsted or mattress suture. In the same way layer after layer is brought together. The child is up in 24 hours.

In cystotomy he avoids rectal dilatation. To distend the bladder, he uses hydrostatic pressure after the opening is made in the abdominal wall, having the water at a height of 2 feet. This causes the bladder to bulge up through the opening. No tenaculum is used to steady the bladder, as it might result in an opening that would allow the urine to get into the cellular tissue. The bladder is held with a pair of artery forceps on each side of the opening, which is made as high as possible. After removal of the stone and flushing out the bladder, the opening is closed with the Halsted suture. The closure is tested by raising the water for an instant to a height of 3 feet. He reported a case where a stone had been removed weighing six ounces. The bladder had been injured 5 years previous.

G. A. Baxter endorsed the position of the writer. He was attached to the medio-lateral operation. Stone is rare in this section. Not a dozen cases have been operated on in 15 years. The disease was more frequent in middle Tennessee. He advocated drainage in the supra-pubic operation.

J. A. Goggans related a case in which the larynx at

the site of the thyroid cartilage was almost occluded by a new growth, so that he had to operate rapidly to save the life of the patient. Throwing the head back increased the difficulty of breathing, and the head had to be held forward, and the larynx had to be steadied with a tenaculum. He said that the supra-pubic was the operation par excellence for stone. He was somewhat prejudiced against the operation through the perineum, and related a case sent to him where a large stone had been removed through the perineum, and a large fistulous opening was made from the bladder into the rectum. He had attempted to repair this opening by silk worm gut operating through the rectum. At the third operation he divided the sphincter and muscle in front down to the fistulous opening, and had almost closed the fistula.

W. E. B. Davis stated that he was glad that both operations were fairly considered. The results of the older surgeons who performed the low operation were good. He found that statistics of the supra-pubic operation were bad, because unfavorable cases were selected for this operation. A distinguished surgeon had so operated in an unfavorable case to save his statistics for the low operation. This shows how statistics can be doctored. He thought it well to leave the wound open for drainage, for there is always disease of the bladder, and a new stone may form in a few weeks.

R. J. Trippe said that his experience with the supra-pubic operation was limited to a few cases operated on for disease, and advocated leaving the wound open for drainage. As a guide he used a sound, and did not fill the bladder, but always washed it out before operation. In tracheotomy he used long scissor - forceps, and did not stop to ligate vessels. These held the wound open, and saved one assistant. He held the trachea open with retractors made of hair-pins fastened to tape.

In closing the discussion, Dr. Westmoreland said that he used no instrument to hold the trachea open, as that took up some room which the silk did not. Time was an important item, but we always have two minutes after the child quits breathing to finish the operation, as resuscitation can be accomplished after that. He advocated cutting high in supra-pubic operation, as the bladder is nearer the surface, being quite deep near the pubis. The tenaculum was avoided, as urine might be voided through the small opening. The buried silver suture was used, owing to the fact that it took several weeks for the muscular tissue to unite, and no other suture would hold that long. Without this suture, according to the statistics of Gregg-Smith, 20 per cent. of cases of abdominal section had hernia.

In the high operation, it would make no difference if the peritoneum were cut, as the bladder was filled with an anti-septic solution. The wound in these cases was not left open for drainage, as they were not cases of disease.

J. A. Goggans read a paper entitled
EARLY DIAGNOSIS AND VAGINAL HYSTERECTOMY IN
CANCER OF THE UTERUS,
dwelling on the importance of prophylaxis, early diagnosis and early operative treatment by vaginal hysterectomy.

A. R. Robinson read a paper entitled
THE TREATMENT OF MALIGNANT CUTANEOUS EPI-
THELIOMATA (CANCERS).

In cases where the diagnosis is not positive, iodide and mercury should be used. The elements in these cases extend much further than is generally supposed. When they are cut out, pathological cells are left and we have so-called recurrence, which is really a reappear-

ance. When the wound has been treated antiseptically. It should be allowed to suppurate, as the toxine of the pus is more destructive of the epithelioma cells than the erysipelas toxine. He opposed cutting, and advocated caustics. The toxines had cured no cases; some may have been benefited. The caustic should destroy the tissue completely and quickly. The milder caustics, as nitrate of silver, should not be used.

Caustic potash quickly liquifies the tissues as much as would be removed with the knife; beyond this there is an inflammatory exudation which destroys the pathological elements. The cancer cells may extend deeper than could be reached with the knife, and here the potash is preferable. There is less deformity with this than with the knife, more than with arsenious acid.

Chloride of zinc acts more slowly, suitable only in certain locations as near the eye and in the papillary form previous to the use of arsenious acid. Pain may be avoided by mixing it in a twenty per cent. solution of cocaine.

Arsenious acid has a more elective effect than the above agent, and should as a rule be used weaker than Marden's paste (2 to 1 of gum acacia). It may be used 6 to 4, or equal parts. This will not attack normal tissue in 20 hours; it should then be removed, and if there is not sufficient necrosis, apply again immediately 16 to 18 hours. The cases should be watched for a year or two, as there may be cells not destroyed. Arsenious acid may be applied on the lip if care is taken to prevent getting it into the mouth, but on the nose it is especially valuable on account of deformity.

These papers were discussed together.

R. R. Kime said that it was unfortunate that cancer of the uterus was not diagnosed early. The symptoms

were not well defined, even when the disease was so far advanced that an operation could not be performed. Cases from 35 to 50 should be examined if any suspicion of cancer. If the general practitioner is in doubt, he should refer the case to the gynecologist. If confined to the cervix, this may be removed, followed by caustics. The fatal results of amputation of the cervix are so much less than by vaginal stereotomy.

W. E. B. Davis thought that physicians overlooked these cases, as they developed so insidiously. Every case of diseased cervix should be treated and cured. He advised removal of the uterus and ovaries for cancer.

P. L. Brouillette asked as to the danger of systemic effects from arsenious acid.

Dr. Goggans said that wherever there was cancer there was irritation, hence the necessity of treating all irritations and removing all pathological conditions as prophylactic.

Dr. Robinson had applied arsenious acid on a surface the size of the hand, had seen no systemic effect. Marsden says not over an inch square. If seen early, the caustic is all that is necessary in cancers of the skin.

J. P. Stewart read a paper on

HEMORRHOIDS,

in which he insisted on the necessity of an examination (under chloroform if necessary). Where tumors are small, he uses an injection of red gum; if larger, they are destroyed with clamp and cautery.

R. P. Johnson had treated cases successfully with injections of carbolic acid 2 parts, to olive oil 1 part, to which was added $\frac{1}{4}$ grain morphia for each injection.

J. B. Cowan alluded to the new operation of excising all the hemorrhoidal tissue. These cases often fall into the hands of empirics who inject carbolic acid or ergot, and relieve temporarily. He likes the old opera-

tion of tying the hemorrhoids. In a bad case, where there was no distinct tumor, instead of doing the bloody operation of excising the whole tissue, he picked it up with a tenaculum and tied the membrane, thus putting in 14 ligatures. The result was perfect.

R. R. Kime dilates the sphincter and dissects the mucus membrane from the tumor, and ties it, if large. He called especial attention to the value of the knee chest position, thus ballooning the rectum.

G. A. Baxter insisted on not confining the treatment to any one method, but varying according to the case. Carbolic acid he considered dangerous. Could not examine without paralyzing sphincter. He was always able to find a distinct tumor.

J. B. Murfree said it was better to dissect up the mucus membrane to ligate vessels, and not the whole tumor (after Allingham). The carbolic acid is valuable as a palliative when other measures cannot be adopted, and is safe as a rule.

R. P. Johnson said that the piles are destroyed by the carbolic acid, if they are filled with the solution.

Dr. Stewart said that the use of carbolic acid was a complete failure. He dissects the mucus membrane from the tumor, then puts on the clamp.

R. R. Kime read a paper on
SYNTHETIC PERINEOTOMY IN LACERATIONS OF THE
PERINEUM,

using the term to designate a method of dividing and dissecting without loss of tissue. The redundancy of tissue usual in these cases is due to hyperplasia, a subinvolution which will disappear when the cause is removed, viz., the repair of the laceration. The method was described in detail. He related 3 cases illustrating the value of this method.

W. E. B. Davis said that he was glad that the author

recognized the value of other operations. There was more in the man being familiar with the operation he was to perform than in any particular operation. It was important to distinguish between perineal tears and those of the posterior vaginal wall.

W. E. B. Davis read a paper on
BILE IN THE PERITONEAL CAVITY, AND HOW TO DEAL
WITH IT.

He presented an experimental and clinical study of the subject. His experiments confirmed the position taken in a paper read before the American Medical Association in 1892. The constant extravasation produced peritonitis, unless there was satisfactory drainage. A considerable quantity in the cavity would be walled off, just as any irritating fluid would be. It was noted that in those cases, where gauze was packed around the openings in the gall bladder, or ducts, that the animals recovered as a rule. The field of operation was walled off completely. A number of animals were reopened in 24 to 48 hours, and this condition found. In an operation on the human subject, in which the gall bladder was removed, and drainage with gauze and a glass tube, the field of the operation was completely walled off, and there was no evidence of general peritonitis. He took the position that, in obstruction of the common duct for stone, an incision should be made, the obstruction removed and drainage established, without an attempt being made to suture the opening, as these patients will not stand a lengthy operation as a rule.

R. J. Trippe reported several cases of
APPENDICITIS,
illustrating the necessity of early operation, and the fact that some will die no matter when operated on. He also gave the technique.

These two papers were discussed together.

R. R. Kime said that authors differed as to the time of operation. Many would get well anyhow, but it was difficult to tell which. Where patient was improving, and then suddenly got worse, operation is indicated, as it is probable that extravasation has taken place. Where there is pus in the peritoneal cavity, most operators advise against washing it out, but he would feel safer to flush the cavity and then drain.

C. Holtzclaw had had 15 or 16 cases of appendicitis, but had never been called on to operate. They recovered with the use of the ice pack over the inflamed area. Operation should be performed if there is any evidence of suppuration, elevation of temperature, or collapse.

G. A. Baxter said that the danger was not in operating, but in delay. The question lies in the diagnosis between catarrhal and obstructive appendicitis. When we have a distinct enlargement and induration, we have obstruction.

R. M. Cunningham said that Dr. Davis was departing from his usual teaching. He had said that normal bile would not produce peritonitis. In a large number of postmortems the appendix was not found diseased one time in a hundred. Operation is indicated where there is pus, swelling and induration.

J. P. Stewart always cured his cases of appendicitis with salines. He related a case of injury to the gall duct, followed by distension of the gall bladder. He aspirated and got about 5 pints of bile and pus, a few days later 2 pints, and again 1 pint, then the obstruction gave way, and the same fluid passed per rectum.

J. B. Murfree said that no operation should be made for appendicitis until there was some indication, such as recurrence or gross local changes.

P. D. Sims could not recall a death from appendicitis where there had been no operation. He could conceive that it might be required in certain conditions, but

could not agree that swelling and hardness indicated an operation.

R. H. Hayes praised the high position taken by Dr. Davis in regard to the surgery of the duct, and asked what preparatory and after treatment he adopted in these cases.

In regard to appendicitis, Telamon, of Paris, had published statistics giving 90 to 95 per cent. of recoveries without operation. An eminent English authority gave out similar statistics. Whether these were reliable or not he could not determine. Many abdominal surgeons claim that when any one has had an attack of appendicitis he has a constant source of danger within his belly. A few years back this source of danger was the chief indication for the operation. In this view, it seemed that operation should be performed at the earliest or at any opportune time.

Dr. Davis thought the case of Dr. Stewart not a case of distension of the bladder, but that a cyst had formed around the bladder. The case was saved by the aspiration. The after treatment was the same as for other cases of abdominal section.

He thought catarrhal cases of appendicitis were common. When there is obstruction there is pain. Each case should be treated on its own merits. There are no hard and fast rules. Some needed operation. In general septic peritonitis the patient will die if operated on.

Third Day.

J. R. Rathmell read a paper entitled

ACROMEGALY; REPORT OF A CASE OF.

The writer said that Paul Marie first described this affection in 1886, his theory being that enlargement of the pituitary gland was the cause of the enlargements which were the essential features of the disease. In the case reported, with the symptoms common to this disorder, there were two uncommon symptoms. These were long continued abnormal rhythm in the respiratory act—of the Cheyne-Stokes variety—and the inability to retain either food or drink on his stomach for three months before. Both symptoms were accounted for by

the enlarged pituitary body, as revealed by the post mortem. The gland weighed 475 grains, instead of 5 to 10 in the normal condition. The writer believes the disease to be one of tropic origin, producing changes in the bony system, more particularly the bones of the face, feet and hands; that the enlargement of the pituitary body, as well as other ductless glands, was the result, and not the cause, of the disease.

W. C. Townes read a paper on

ACROMEGALY,

Exhibiting specimens from Dr. Rathmell's case—the enlarged pituitary body and a part of the ileum with a diverticulum. He reported a case now under treatment, a marked feature of which was that, although 52 years old, still there was no impairment of the sexual function. He believes the disease due to pressure on the brain, due to enlargement of the pituitary body.

W. G. Bogart said these cases were rare. He had seen Dr. Rathmell's case. The large tongue made articulation difficult. The breathing was labored and gave evidence of suffering. The points of interest were the length of time required for the development of this case—fourteen years—and the question whether anything can be done if discovered in the early stage.

E. A. Cobleigh asked if it was not possible that the condition was a persistent accentuation of a normal process, and, if so, as to the causes. He reported a case presenting some of the symptoms.

J. Berrien Linsey said that the paper was an evidence that the profession was advancing, and, in this respect, second to none. The Society was discussing a condition the name of which has not yet got into the dictionaries.

J. R. Rathmell said that the first evidence of the disease was loss of strength and enlarged extremities. He believes it a disease of the osseous system, especially of the feet, face and hands, but it affects the whole bony system, just as we have a pseudo-hypertrophic muscular paralysis. The line of treatment was to build up the system and the use of electricity. He got some comfort from the latter.

Editorial Department.

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The Alabama Medical and Surgical Age

Is doing good professional work in Alabama. We congratulate the editor, Dr. John C. LeGrand, of Anniston, one of the Vice-Presidents of the American Medical Association, upon the prospects he has for increasing the circulation of *THE AGE*.

The above kind notice from our good friend, Dr. Landon B. Edwards, editor of *The Virginia Medical Monthly*, in the September issue of his excellent journal, is appreciated. With this issue of *THE AGE* we complete the seventh volume. We are brim full of gratitude for the kind consideration and substantial support which *THE AGE* has received during these seven years. Especially are we grateful to the medical profession of Alabama for the splendid encouragement which we have had from year to year. With a continuation of this support and the liberal patronage from the very best advertising houses in the country, we en-

tain the hope of being able to improve THE AGE and extend its usefulness and make it still more worthy of the support of our friends.

Treatment of Cholelithiasis.

During the meeting of the Medical Society of Virginia held September 3d to 5th, 1895, Dr. Geo. Ben. Johnston read a paper on the Treatment of Cholelithiasis. Dr. J. McF. Gaston, of Atlanta, was present and took part in the discussion of the paper. In the course of his remarks, he paid Dr. Davis, of Alabama, a just compliment for his investigations. Dr. Gaston said :

“That while the reader claimed only to present some points for discussion, he had occupied most of the ground ordinarily taken up by those familiar with gall-bladder surgery. There were, however, some matters not usually dwelt upon by writers, to which attention might be directed. The first and most important consideration pertains to the treatment of cases in which there are gall-stones in the gall-bladder and ducts, which call for removal by incision, and it is found impracticable to attach the sac of the gall-bladder to the skin or the intestines, or to suture the wall of the duct. In these cases it has been proposed to tampon the intervening space to the external opening with gauze, with or without medication. By packing around with the gauze, and leaving the ends of the strips protruding, drainage is accomplished, and the bile or other discharge is kept from entering the peritoneal cavity. While fresh bile is not found to be an irritant to the peritoneum, the vitiated discharge which takes place

after obstruction proves hurtful, and should not be allowed to enter the abdominal cavity.

"Dr. W. E. B. Davis has taken a prominent part in urging this mode of procedure, and has made numerous experiments upon inferior animals illustrating the advantage of introducing iodoform gauze into the wound for the purpose of walling off the intestines and other viscera, while it serves, by capillary attraction, to carry off the discharge.

"This has been practised by others with the best results; and to Dr. Davis is due the credit of impressing upon the profession the advantages of this treatment in cases not admitting of the attachment of the gall-bladder to the external opening or the intestines, and in which it is found impracticable to close by suture an incision of the common duct after the removal of biliary calculi." * * * *

Keep off the Preachers.

In the last issue of *THE AGE* we called attention to a short paragraph which we had noticed in one of the religious papers published in this State, in which we held that it was difficult for us to understand how a Christian editor of a religious paper could give his endorsement to an instrument or apparatus which the scientific medical men of this country had pronounced an unmitigated fraud and humbug. In less than twenty-four hours after *THE AGE* had been mailed we were the recipient of an epistle from one of the prominent ministers and editor of one of the leading religious papers of the State of Alabama. In the letter we were sharply called to account for making an unprovoked assault on a Christian minister and editor, because he *HONESTLY* differed with the editor of *THE AGE* and endorsed an instrument or apparatus in which we (the editor of *THE AGE*) had no confidence.

We cannot discuss this question at length, because our space forbids and the merits of the question are not of sufficient importance; but we must be permitted to say that we do not fall out with a minister because he may endorse what we believe to be a fraud and a humbug in medicine. Every man is entitled to an opinion, and especially a minister, as he is expected to deal HONESTLY in *holy things*. But the law of the State of Alabama requires that every man proposing to engage in the practice of medicine in this State shall stand an examination as to his qualifications, and, if he is found to possess sufficient knowledge of medicine, he is granted a certificate and is allowed to practice, and this law is no respecter of persons. So, if any minister is going to engage in the practice of medicine and suggest remedial agents for healing the sick, we insist that he should be required to go before a medical board and stand an examination first, as all other good, law-abiding men do who wish to engage in the practice of medicine. We insist, further, that the minister, however honest he may be, however noble and praiseworthy his motives, violates the spirit of the law when he becomes a party to, and advocates the use of, this so-called medical instrument or apparatus and endorses the many medical nostrums. How can the minister, though he may be honest in his purpose, be able to recommend any of these medical frauds, when he has no knowledge of the physical condition of the patient, and he has but little, if any, knowledge of physiology, therapeutics and chemistry? The minister should consider this question seriously and HONESTLY. The religious paper which is doing its work well and has a hold on the intelligent, spiritual-minded people and substantial supporters, will not even advertise one of these medical frauds. Such a paper will live, and, to our mind, is an ideal paper. The preacher who is studious and religious, who has never given his endorsement to a medical nostrum and to the many medical humbugs and frauds to which we have alluded, will certainly get through the *pearly gate* in the final day.

With this, we promise to *keep off the preachers*.

Editorial and Miscellaneous Notes.

A \$3,000 Practice sale in a good mining town, *mostly salary*. For terms and other particulars, address ALA. MED. & SURG. AGE, P. O. Drawer 559, Anniston, Ala.

DR. ROBERT BATTY DEAD.—Dr. Robert Batty, of Rome, Ga., the distinguished physician, surgeon and gynecologist, died on the 7th inst.

I CAN say that Peacock's Bromides will do all that is claimed for it. It is much more active and certain than the commercial salts.

STARVATION.—If your patient is suffering from impaired digestion, or, in other words, starving, not from lack of food, but from lack of digestion, *then* prescribe *Seng*, two teaspoonfuls before each meal.

DR. W. R. JACKSON, of Mobile, is spending several weeks in New York City, taking a special course in Surgery and Gynecology.

SADDLE-BAGS.—Elam Drug Co., of Anniston, Ala., has on hand some of the very best make of saddle-bags and buggy cases, which they offer cheap.

MARRIED—Dr. W. W. Harper, of Selma, Ala., to Miss Rosa Fantz, of New Orleans, on Wednesday, November the 20th, 1895.

LACTOPHENIN.—Strauss (*Therap. Monatshefte*, September, 1894,) reports his experiments with lactophenin as an antipyretic.

In seven cases of typhoid fever, in which he administered the drug, while the sedative effects were not so constantly observed as in von Jaksch's cases, it never gave rise to unpleasant symptoms. The dose was seven to fifteen grains, and never exceeded forty-five grains a day. The antipyretic action of the drug was pronounced. The writer regards lactophenin as a good substitute for perfect hydro-therapy.

In four out of five cases of facial erysipelas it lowered the temperature ; in the remaining case other antipyretics also failed.

In two cases of diphtheria (one septic) the temperature fell nearly 2° C. within five hours.

In three cases of pneumonia, its antipyretic action was noticeable.

In one of two cases of scarlet fever it failed to act.

In five cases of phthisis it lowered the temperature and caused profuse diaphoresis, but produced no unpleasant effects.

In one or two instances its use was accompanied with a diffuse rash.—*Univ. Med. Magazine.*

IN response to numerous requests from physicians for Tongaline in some form more pleasing to the taste, and more convenient of administration than the liquid, we now prepare Tongaline in tablets. Each 6 grain Tongaline Tablet contains :

Concentration of Fluid Tonga., 1 gr.; Sodium Salicylate, 5 grs.; Cimicifugin Salicylate, $\frac{1}{8}$ gr.; Pilocarpin Salicylate, 1-200 gr.; Colchicin Salicylate, 1-1000 gr.

All the salicylic acid is made in our own laboratory from the pure oil of wintergreen.

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Samples mailed free to physicians on application.

MELLIER DRUG COMPANY, St. Louis.

CHRONIC CYSTITIS OR STRICTURE.—My experience with Sanmetto is quite extensive. I could give special cases in which its action was simply astonishing, but in this report I wish to summarize my experience by saying I have given Sanmetto a long and thorough trial in a case of chronic cystitis, accompanied with stricture, the result of which warrants me in saying Sanmetto is unsurpassed by any other preparation with which I am acquainted. Its effects are prompt and positive.

RACHAEL J. KIMBALL, M. D.

Buffalo, N. Y.

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